

# Refugee Health and Wellbeing: A policy and action plan for Queensland 2017– 2020

*Evaluation Report APPENDIX*

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# CONTENTS

<b>Patient Experience Survey Questionnaire .....</b>	<b>3</b>
<b>Patient Experience Qualitative Interview Guide .....</b>	<b>10</b>
<b>Services and Stakeholders Experience Survey Questionnaire .....</b>	<b>11</b>

## Patient Experience Survey Questionnaire

1. Do you consent to completing the patient experience survey which forms part of the evaluation of the Refugee Health and Wellbeing: A policy and action plan? (your responses remain anonymous)

- Yes
- No (thank you and good bye)

2. Gender (from information provided to interviewer)

- Male
- Female

3. How old are you now? \_\_\_\_\_ years

4. In which country were you born? \_\_\_\_\_

5. When did you arrive in Australia? (MONTH AND YEAR)

\_\_\_\_\_

6. What is the highest educational level that you have COMPLETED?

- None
- Primary school
- Secondary/High school
- College/Trade certificate
- University degree

7. How well do you speak English now?

- Very well
- Well
- Not well
- Not at all

8. In general, would you say that your health is

- Excellent
- Very good
- Good
- Fair
- Poor

### GP SECTION

9. In the last 6 months, have you seen a GP for your health? Please exclude times you went to a hospital or emergency department.

- Yes
- No (Skip GP Section)

10. In the last 6 months, how many times did you see a GP for your own health?

- 1 – 5
- 6 – 10
- 11 – 15
- 16 – 20
- 21 – 25
- 26 – 30
- More than 30 times

11. In the last 6 months, did you also see a GP for urgent medical care?  
 Yes  
 No
12. In the last 6 months, thinking about urgent medical care, how long after you made the appointment were you seen by the GP?  
 Minutes  
 Hours  
 Days
13. In the last 6 months, do you have a GP you prefer to see?  
 Yes  
 No
14. Were there any times in the last 6 months you couldn't get an appointment with this GP?  
 Yes  
 No
15. In the last 6 months, what was the main reason that you didn't go to see a GP when needed?  
 Cost  
 Dislike or fear of service  
 Waiting time too long  
 Other (please specify)  
 Service not available when required  
 Had an upcoming appointment  
 Too busy
- 

16. Thinking about all the GPs you have seen in the last 6 months, how often did they listen carefully to you?  
 Always  
 Often  
 Sometimes  
 Rarely  
 Never
17. Thinking about all the GPs you have seen in the last 6 months, how often did they show respect for what you said?  
 Always  
 Often  
 Sometimes  
 Rarely  
 Never
18. In the last 6 months, were you offered an interpreter when you saw a GP?  
 Always  
 Often  
 Sometimes  
 Rarely  
 Never

## MEDICATION SECTION

19. In the last 6 months, have you needed prescribed medication?  
 Yes  
 No (Skip Medication Section)
20. In the last 6 months, has there been any time you delayed getting or did not get prescribed medication because of the cost?  
 Yes  
 No

21. When collecting medication in Pharmacy/Chemist how often did the staff listen carefully to what you had to say?

- Always
- Often
- Sometimes
- Rarely
- Never

22. When in Pharmacy/Chemist, how often did the staff show respect for what you had to say?

- Always
- Often
- Sometimes
- Rarely
- Never

23. In the Pharmacy/Chemist, were you offered an interpreter?

- Yes
- No
- Not applicable (didn't need an interpreter)

### CARE COORDINATION SECTION

24. In the last 6 months, was there a time that a health professional helped you coordinate your care?

- Yes
- No (Skip Care Coordination Section)

25. In the last 6 months, what type of health professional helped most in coordinating your care?

- GP
- Medical Specialist
- Nurse
- Other (please specify) \_\_\_\_\_

### MEDICAL SPECIALIST SECTION

26. In the last 6 months have you seen a medical specialist?

- Yes
- No (Skip Medical Specialist section)

27. If YES, what kind of specialist?

- Infectious/communicable diseases
- Gastroenterologist (Digestion)
- Hepatologist (liver)
- Psychiatrist (how you feel)
- Haematologist (blood)
- Other (please specify) \_\_\_\_\_
- Cardiologist (heart)
- ENT (ears, nose, throat)
- Obstetrician/Gynaecologist
- Respiratory physician

28. In the last 6 months has there been any time you needed to see a medical specialist and didn't?

- Yes
- No

29. If YES, what was the main reason you did not go?

- |   |  |
|---|--|
| <input type="checkbox"/> Cost                       | <input type="checkbox"/> Service not available when required |
| <input type="checkbox"/> Dislike or fear of service | <input type="checkbox"/> Had an upcoming appointment         |
| <input type="checkbox"/> Waiting time too long      | <input type="checkbox"/> Too busy                            |
| <input type="checkbox"/> Other (please specify)     |  |
- 

30. Thinking about all the medical specialists you have seen in the last 6 months how often did they listen carefully to you?

- |                                    |                                 |
|------------------------------------|---------------------------------|
| <input type="checkbox"/> Always    | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Often     | <input type="checkbox"/> Never  |
| <input type="checkbox"/> Sometimes |                                 |

31. Thinking about all the medical specialists you have seen in the last 6 months how often did they show you respect for what you had to say?

- |                                    |                                 |
|------------------------------------|---------------------------------|
| <input type="checkbox"/> Always    | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Often     | <input type="checkbox"/> Never  |
| <input type="checkbox"/> Sometimes |                                 |

32. Were you offered an interpreter when you saw the medical specialist?

- Yes
- No
- Not applicable (didn't need an interpreter)

## DENTAL PROFESSIONAL SECTION

33. In the last 6 months have you needed to see a dental professional for your own health?

- Yes
- No

34. In the last 6 months have you seen a dental professional for your own health?

- Yes
- No (Skip Dental Professional Section)

35. Including public dental services provided at a private dental clinic, was any of the dental care you received in the last 6 months a public dental service?

- Yes
- No

36. In the last 6 months have you seen a private dentist and paid for the services?

- Yes
- No

37. In the last 6 months has there been any time when you were placed on a waiting list for public dental health services?

- Yes
- No

IF YES, how long did you wait? \_\_\_\_\_

38. In the last 6 months has there been any time you needed to go to a dental professional but didn't?

- Yes
- No

39. If YES, what was the main reason you didn't go?

- Cost
  - Dislike or fear of service
  - Waiting time too long
  - Other (please specify)
  - Service not available when required
  - Had an upcoming appointment
  - Too busy
- 

40. Thinking about the dental professionals you have seen in the last 6 months, how often did they listen to you carefully?

- Always
- Often
- Sometimes
- Rarely
- Never

41. Thinking about the dental professionals you have seen in the last 6 months, how often did they show respect for what you had to say?

- Always
- Often
- Sometimes
- Rarely
- Never

42. Were you offered an interpreter when you saw the dental professional?

- Yes
- No
- Not applicable (didn't need an interpreter)

### CHRONIC CONDITIONS

43. Do you have any of the following conditions that are likely to last longer than 6 months?

- Arthritis
- Asthma
- Cancer
- Diabetes
- Heart or circulatory condition
- Mental health condition, including depression or anxiety
- Long term injury
- Any other long term health condition
- No condition

### EMERGENCY DEPARTMENT SECTION

44. In the last 6 months have you been to a hospital emergency department for your own health?

- Yes
- No (Skip Emergency Department section)

45. What was the main reason you went to the emergency department rather than a general practice?

- Taken by ambulance or condition was serious
  - GP not available when required
  - Sent to emergency by GP
  - Other (Please specify)
  - Waiting time for GP appointment too long
  - Lower cost than GP visit
  - GP doesn't have required equipment or facilities
-

46. Thinking about all the doctors and specialists you have seen at a Hospital Emergency Department in the last 6 months how often did they listened carefully to you?

- |                                    |                                 |
|------------------------------------|---------------------------------|
| <input type="checkbox"/> Always    | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Often     | <input type="checkbox"/> Never  |
| <input type="checkbox"/> Sometimes |                                 |

47. Thinking about all the doctors and specialists you have seen at a Hospital Emergency Department in the last 6 months how often did they show respect for what you had to say?

- |                                    |                                 |
|------------------------------------|---------------------------------|
| <input type="checkbox"/> Always    | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Often     | <input type="checkbox"/> Never  |
| <input type="checkbox"/> Sometimes |                                 |

48. Were you offered an interpreter in the Emergency Department?

- Yes
- No
- Not applicable (didn't need an interpreter)

### HOSPITAL ADMISSION SECTION

49. In the last 6 months have you been admitted to hospital?

- Yes
- No (Skip Hospital Admission section)

50. In the last 6 months how many times have you been admitted to hospital?

\_\_\_\_\_

51. Thinking about all the **doctors** you have seen at a Hospital in the last 6 months how often did they listened carefully to you?

- |                                    |                                 |
|------------------------------------|---------------------------------|
| <input type="checkbox"/> Always    | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Often     | <input type="checkbox"/> Never  |
| <input type="checkbox"/> Sometimes |                                 |

52. Thinking about all the **doctors** you have seen at a Hospital in the last 6 months how often did they show respect for what you had to say?

- |                                    |                                 |
|------------------------------------|---------------------------------|
| <input type="checkbox"/> Always    | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Often     | <input type="checkbox"/> Never  |
| <input type="checkbox"/> Sometimes |                                 |

53. Thinking about all the **nurses** you have seen at a Hospital in the last 6 months how often did they listen carefully to you?

- |                                    |                                 |
|------------------------------------|---------------------------------|
| <input type="checkbox"/> Always    | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Often     | <input type="checkbox"/> Never  |
| <input type="checkbox"/> Sometimes |                                 |

54. Thinking about all the **nurses** you have seen at a Hospital in the last 6 months how often did they show respect for what you had to say?

- |                                    |                                 |
|------------------------------------|---------------------------------|
| <input type="checkbox"/> Always    | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Often     | <input type="checkbox"/> Never  |
| <input type="checkbox"/> Sometimes |                                 |



55. Were you offered an interpreter in Hospital?

- Yes
- No
- Not applicable (didn't need an interpreter)

**THANK YOU VERY MUCH FOR YOUR ASSISTANCE WITH THIS SURVEY**

# Patient Experience Qualitative Interview Guide

## Demographic questions

1. Age of respondent \_\_\_\_\_
  2. Gender of respondent \_\_\_\_\_
  3. Country of origin of respondent \_\_\_\_\_
  4. Family composition including age and gender of family members
- 
- 
- 

## Health care experiences

5. How would you describe your health and the health of your family over the last 6 months?
6. Do you and/or your family have a regular Doctor (GP) you go to when needed?
7. Have you or anyone in your family seen a GP in the last 6 months? If YES:
  - a. How was this experience?
  - b. What was helpful?
  - c. What was difficult?
8. Have you or anyone in your family seen a SPECIALIST in the last 6 months? If YES:
  - a. How was this experience?
  - b. What was helpful?
  - c. What was difficult?
9. Have you or anyone in your family seen a DENTIST in the last 6 months? If YES:
  - a. How was this experience?
  - b. What was helpful?
  - c. What was difficult?
10. Have you or anyone in your family visited a PHARMACY in the last 6 months? If YES:
  - a. How was this experience?
  - b. What was helpful?
  - c. What was difficult?
11. Since arriving in Australia have you or anyone in your family been in HOSPITAL? If YES:
  - a. How was this experience?
  - b. What was helpful?
  - c. What was difficult?
12. Where/who has been the best source of advice and guidance for you in relation to accessing health services in Australia?
13. Have you noticed any improvements in the health care system over the past year? Explain
14. Is there anything else you want to comment regarding your experience and/or your family experience with the health care system in Australia?

## Services and Stakeholders Experience Survey Questionnaire

---

Thank you for taking the time to complete this 21 question survey. It should take 5 - 10 minutes to complete.

This survey forms part of the evaluation undertaken by Adjunct Associate Professor Ignacio Correa-Velez from the School of Public Health and Social Work, QUT to examine the effectiveness of the *Refugee Health and Wellbeing : A policy and action plan for Queensland 2017 – 2020*.

### \* 1. What area do you work in?

- Settlement Service
- General Practice
- HHS/Other hospital
- Other Government Agency
- Non Government Community Sector
- Refugee Community
- Private Provider
- PHN
- Qld Health
- Other (specify below)

Other (please specify)

### \* 2. What is your primary role?

- General Practitioner
- Medical Specialist
- Clinician (Allied health and Nurses)
- Settlement Worker
- Administration
- Manager/Supervisor

Refugee Community Representative

Other (specify below )

Other (please specify)

**\*3. What is your level of involvement in the Refugee Health Network Qld? Choose as many as relevant.**

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Participate in regional network

Participate in working/advisory group

Representative on Refugee Health Partnership Advisory Group Qld (RH-PAGQ)

None

Other (specify below)

Other (please specify)

**\*4. Have you accessed resources from Refugee Health Network Qld in the last 6 months?**

Yes

No

**\*5. Do you partner with other agencies to improve refugee health outcomes? E.g. Co-location, joint initiatives.**

Yes

No

If yes, please provide example/s

\*6. The Refugee Health Network Qld keeps me up to date with all refugee health issues.

Always     Often     Sometimes     Rarely     Never

\*7. Has your service developed a local health strategy or program to support people from a refugee background in your local area?

- Yes
- No

If yes, please explain

\*8. In the last 12 months have you attended any refugee health training or education? If so, please indicate which training? *Choose as many as relevant.*

- Clinical training relating to Refugee Health
- Cultural awareness training
- Qld Health Multicultural Training
- Other (specify below)
- No, I have not attended training

Other (Please specify)

\*9. Have you applied any of the knowledge and skills learnt from training attended?

Yes  No  N/A

If yes, please specify:

\*10. In the last 12 months how often were your clients not proficient in English?

Always  Often  Sometimes  Rarely  Never  N/A

\*11. In the last 12 months, how often has your service used a qualified interpreter for patients who are not proficient in English?

Always  Often  Sometimes  Rarely  Never  N/A

If your service has not used an interpreter when required, what were the reasons?

\*12. Are you aware of the Queensland Health Language Services Policy?

- Yes
- No

\*13. Does your organisation have a Language Services or Interpreter Policy?

Yes  No  Don't know

\*14. Has your service included people from refugee backgrounds in service planning, development and/or evaluation?

- Yes
- No

\*15. What data does your service collect? *Choose as many as relevant.*

- Country of birth
- Preferred language
- Interpreter requirements
- Date of arrival
- Ethnicity
- None of the Above
- N/A

Other (Please specify)

\*16. How often do you receive a referral from these agencies/providers?

GP	<input type="radio"/> GP 3 or more per week	<input type="radio"/> GP 1-2 per week	<input type="radio"/> GP 1-2 per month	<input type="radio"/> GP 1-2 every 6 months	<input type="radio"/> GP 1-2 per year	<input type="radio"/> GP Never	<input type="radio"/> GP N/A
Private Provider	<input type="radio"/> Private Provider 3 or more per week	<input type="radio"/> Private Provider 1-2 per week	<input type="radio"/> Private Provider 1-2 per month	<input type="radio"/> Private Provider 1-2 every 6 months	<input type="radio"/> Private Provider 1-2 per year	<input type="radio"/> Private Provider Never	<input type="radio"/> Private Provider N/A
Queensland Health/HHS	<input type="radio"/> Queensland Health/HHS 3 or more per week	<input type="radio"/> Queensland Health/HHS 1-2 per week	<input type="radio"/> Queensland Health/HHS 1-2 per month	<input type="radio"/> Queensland Health/HHS 1-2 every 6 months	<input type="radio"/> Queensland Health/HHS 1-2 per year	<input type="radio"/> Queensland Health/HHS Never	<input type="radio"/> Queensland Health/HHS N/A
Non Government Community Sector	<input type="radio"/> Non Government Community Sector 3 or more per week	<input type="radio"/> Non Government Community Sector 1-2 per week	<input type="radio"/> Non Government Community Sector 1-2 per month	<input type="radio"/> Non Government Community Sector 1-2 every 6 months	<input type="radio"/> Non Government Community Sector 1-2 per year	<input type="radio"/> Non Government Community Sector Never	<input type="radio"/> Non Government Community Sector N/A
Other Government Agency	<input type="radio"/> Other Government Agency 3 or more per week	<input type="radio"/> Other Government Agency 1-2 per week	<input type="radio"/> Other Government Agency 1-2 per month	<input type="radio"/> Other Government Agency 1-2 every 6 months	<input type="radio"/> Other Government Agency 1-2 per year	<input type="radio"/> Other Government Agency Never	<input type="radio"/> Other Government Agency N/A
Settlement Service	<input type="radio"/> Settlement Service 3 or more per week	<input type="radio"/> Settlement Service 1-2 per week	<input type="radio"/> Settlement Service 1-2 per month	<input type="radio"/> Settlement Service 1-2 every 6 months	<input type="radio"/> Settlement Service 1-2 per year	<input type="radio"/> Settlement Service Never	<input type="radio"/> Settlement Service N/A
Refugee Community Representative	<input type="radio"/> Refugee Community Representative 3 or more per week	<input type="radio"/> Refugee Community Representative 1-2 per week	<input type="radio"/> Refugee Community Representative 1-2 per month	<input type="radio"/> Refugee Community Representative 1-2 every 6 months	<input type="radio"/> Refugee Community Representative 1-2 per year	<input type="radio"/> Refugee Community Representative Never	<input type="radio"/> Refugee Community Representative N/A



## \*17. How often do you refer clients to these agencies/providers?

GP	<input type="radio"/> GP 3 or more per week	<input type="radio"/> GP 1-2 times per week	<input type="radio"/> GP 1-2 times per month	<input type="radio"/> GP 1-2 times every 6 months	<input type="radio"/> GP 1-2 times per year	<input type="radio"/> GP Never	<input type="radio"/> GP N/A
Private Provider	<input type="radio"/> Private Provider 3 or more per week	<input type="radio"/> Private Provider 1-2 times per week	<input type="radio"/> Private Provider 1-2 times per month	<input type="radio"/> Private Provider 1-2 times every 6 months	<input type="radio"/> Private Provider 1-2 times per year	<input type="radio"/> Private Provider Never	<input type="radio"/> Private Provider N/A
Queensland Health/HHS	<input type="radio"/> Queensland Health/HHS 3 or more per week	<input type="radio"/> Queensland Health/HHS 1-2 times per week	<input type="radio"/> Queensland Health/HHS 1-2 times per month	<input type="radio"/> Queensland Health/HHS 1-2 times every 6 months	<input type="radio"/> Queensland Health/HHS 1-2 times per year	<input type="radio"/> Queensland Health/HHS Never	<input type="radio"/> Queensland Health/HHS N/A
Non Government Community Sector	<input type="radio"/> Non Government Community Sector 3 or more per week	<input type="radio"/> Non Government Community Sector 1-2 times per week	<input type="radio"/> Non Government Community Sector 1-2 times per month	<input type="radio"/> Non Government Community Sector 1-2 times every 6 months	<input type="radio"/> Non Government Community Sector 1-2 times per year	<input type="radio"/> Non Government Community Sector Never	<input type="radio"/> Non Government Community Sector N/A
Other Government Agency	<input type="radio"/> Other Government Agency 3 or more per week	<input type="radio"/> Other Government Agency 1-2 times per week	<input type="radio"/> Other Government Agency 1-2 times per month	<input type="radio"/> Other Government Agency 1-2 times every 6 months	<input type="radio"/> Other Government Agency 1-2 times per year	<input type="radio"/> Other Government Agency Never	<input type="radio"/> Other Government Agency N/A
Settlement Service	<input type="radio"/> Settlement Service 3 or more per week	<input type="radio"/> Settlement Service 1-2 times per week	<input type="radio"/> Settlement Service 1-2 times per month	<input type="radio"/> Settlement Service 1-2 times every 6 months	<input type="radio"/> Settlement Service 1-2 times per year	<input type="radio"/> Settlement Service Never	<input type="radio"/> Settlement Service N/A
Refugee Community Representative	<input type="radio"/> Refugee Community Representative	<input type="radio"/> Refugee Community Representative	<input type="radio"/> Refugee Community Representative	<input type="radio"/> Refugee Community Representative	<input type="radio"/> Refugee Community Representative	<input type="radio"/> Refugee Community Representative Never	<input type="radio"/> Refugee Community Representative N/A

3 or more per week    1-2 times per week    1-2 times per month    1-2 times every 6 months    1-2 times per year

\*18. Has your service monitored the needs of people from refugee backgrounds within the last 12 months?

- Yes
- No

If Yes, how was this done?

\*19. Has your service engaged with any university for Refugee Health Research?

- Yes
- No

\*20. In your team, what percentage of staff speak a language other than English, as their first language?

0-10%     11-25%     26-50%     51-75%     76-100%     Don't know

21. What gaps (if any) could the Refugee Health Network Qld address in the future?

Thank you for your participation. We will keep you informed of the outcomes of the evaluation through the Refugee Health Network Qld E-Newsletter. [Subscribe here](#) if you haven't already.