

Community engagement with refugee background communities around health: The experiences of the Refugee Health Advisory Group (G11)



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Mater Health Services always recognised community engagement as a priority.

Mater aspires to provide quality care where and when needed.

Mission driven to serve those most vulnerable and hard to reach communities.



2012- 2013

- 2 year project funded by nib Foundation (Health insurance fund) and Mater Foundation
- 8 women engaged
- Consultations with Afghan, Eritrean, Rwandan, Togolese, South Sudanese, Burundi, Burmese, and Congolese communities
- Health Action Plans for each community
- Available
www.refugeehealthnetworkqld.org.au/refugee-populations/#Refugeepopulations

Work extended to embed the idea of community engagement in health service design and a mechanism to build health literacy

2016 - Sisters of Mercy and Sisters of Charity have had a long history of collaboration to work for vulnerable patients

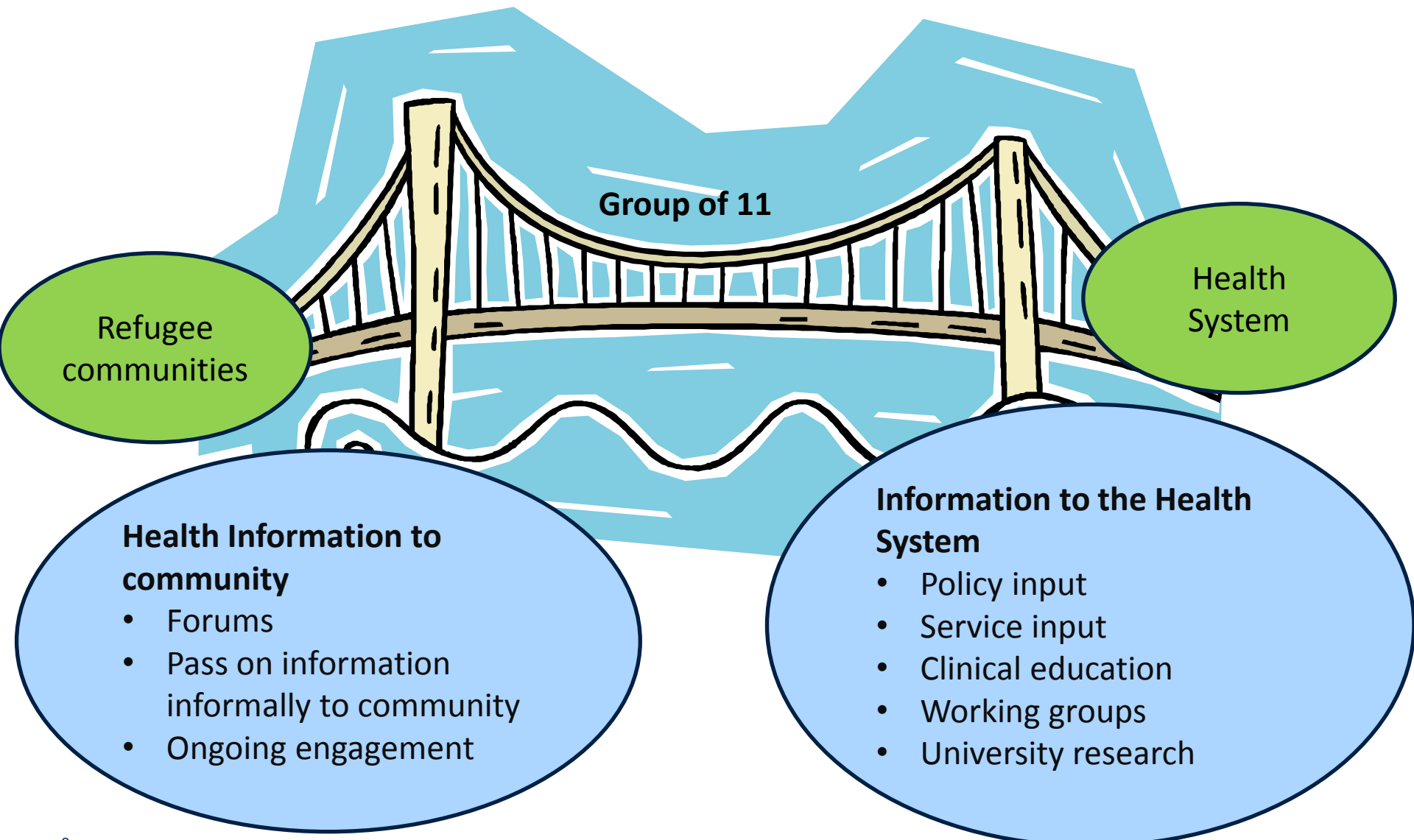
St Vincent's Hospital funds the group – G8 becomes G11



The following communities are represented:

- Eritrean
- Burundian
- South Sudanese
- Burmese
- Liberian
- Hazara
- Rwandan
- Somali
- Iraqi
- Syrian





Community Engagement in action



Reasons why the model works

- Trust
- Trauma informed – same experiences
- High level champion (within organisation – Executive)
- Getting people on board
- Face to face meetings and stories and the power of words
- Driven by community and jump at opportunities
- Flexible to needs
- Choosing the right people to employ

What message do you want to give to clinicians about community engagement?

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