

# Refugee Health EVENT



## Refugee Health: Chronic Disease Management and Prevention



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# Agenda

TIME	ITEM
6.30pm	Welcome and housekeeping
6:40pm	Dr Margaret Kay – Introduction of Case Study
7:00pm	Dr Kostner: Cardiologist point of view
7:20pm	Dr Margaret Kay – Case study continues
7:40pm	Louise Lee – Practice Nurse and Multicultural Health Clinical Nurse Lead BSPHN
7:50pm	G11
8:20pm	Panel Questions
8.40pm	Evaluations & Event concludes



# Chronic Disease in Primary Health Care

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- Comprehensive care
  - preventive, acute, chronic
- Continuity of care
  - cradle to grave
- Complex care
  - not just one health issue
  - not just disease
- Coordination of care



# A refugee family

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**Mother: Mrs M, 48 yo**  
from DR Congo

**Children: Emmanuel, 12yo (M)**

**In Kenya – 3 years – refugee camp**

Minimal access to health care

Minimal access to education

**Arrived Brisbane– 7 months ago**



# Understanding Health in its social context

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- Understand the refugee journey
- Understand the settlement system
  - Know what has happened before
  - Know what happened after arrival

Know what matters



# Refugee journey – Before arrival

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**Visa Medical**

**Departure Health Check**



# Health care in the early settlement period

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- Settlement Agency – MDA
- Family linked with GP practice
- Health assessment
  - *(begun 3 weeks after arrival)*
- Co-located Refugee Health Nurse

No state funded refugee medical service and TB checks are only done on referral

# Whole of practice approach

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- Administration
- Nursing Staff
- Doctors
  
- Mrs M and Emmanuel – engaged with their GP Practice
- Continues to see their GP – immunisations



# Medical Issues to consider



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- Acute health problems
- Public health issues
- Chronic Disease
- Preventive health

# Medical Issues to consider



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- Nutritional problems
- Infectious Disease
- Genetic Predisposition
- Dental Health Issues
- Mental Health Issues

# Common Health issues

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- Schistosomiasis
- Strongyloides
- Chronic Active Hepatitis
- Vitamin D deficiency
- Haemoglobinopathies
- Tinea capitis (T. Soudanense, T. tonsurans)



# Common Health issues

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- Iron deficiency
- Dental issues
- Mental health issues
- Diabetes
- Osteoarthritis
- Asthma
- Ischaemic Heart Disease





# Mrs M

## ‘New’ Presentation

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- Chest pain
- “too much pain in my heart”
- Increasing in frequency
- Present for a long time
- Too much pain
- ? Exertional
- ? Palpitations - sometimes
- ? Shortness of breath – a bit

# Approach

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- Be a reflexive practitioner
- In a reflexive practice
- Innovation
- Responsiveness



# Mrs M – Known Health issues

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As a GP you have noted over time:

- Chronic back pain – injury – arthritis
- Hypertension
- Elevated lipids – given advice on diet
- Recurrent epigastric discomfort (chronic)
  - Managed with occas zantac tablets  
that a friend gave her

# Mrs M - Known Health issues

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However your RN has also told you:

In DRC – village was raided

Separated from her children as they ran

except the baby in her arms – now 12yo

After some years - eventually - in the refugee camp in Kenya -where she 'married' (not sure how this relationship was?) She later separated

Arrived in Australia as 204 Visa

With Health Assessment she was referred to QPASTT

# Mental Health

**Acculturation**

**QPASTT**

**Transcultural  
Mental Health**

Avoid unnecessary re-telling  
It may be years before these  
issues can be addressed



# Examination

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- BMI 28
- BP 150/95
- HR 84/min reg
- ??soft Pansystolic murmur
- Tender epigastrium

# Tests

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- Fasting BSL – 5.1
- Fasting Lipids – Tot Chol – 6.6; TGs 3.8
- Hb 98 with microcytosis 75
- Ferritin – 5
- B12 – 62 (low)
- ECG – Borderline LVH

# Question



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- Does she need a stress test?
- Referral to Refugee Cardiac Unit at Mater (RASCC)

# Management



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- Cardiac review – low chance of IHD
- Other issues
  - Preventive health
  - Fix the pain



# Navigating the complex space of chronic disease

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- Build trust
- Address the patient's concern
- Identify significant health issues
- Ensure follow up
- Educate

# Management



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- While she was at the Cardiologist ...  
her Faecal H pylori Ag came back – POSITIVE
- Needs Nexium Hp7
- **Steps**
  - Interpreter's role
  - Explain illness – health beliefs
  - Get Medication
  - Explain Medication
  - Check concordance

# Interpreter

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- Cultural sensitive consultation
  - Use interpreter service
    - *Doctors' Priority Line 1300 131450*
  - Pharmacists
  - Allied health support for interpreters

# Communication hints

- Have thoughts organised
- Use simple language, even pace
- Pause for translation
- Speak to the patient
- Single questions
- Make the instructions relevant to the patient's life
- Confirm that the patient understands

# Explanatory Model of Disease

(Kleinman's Questions)

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- What do you call this problem?
- What do you believe is the cause of this problem?
- What course do you expect it to take?
- How serious is it?
- What do you think this problem does inside your body?
- How does it affect your body and your mind?
- What do you most fear about this condition?
- What do you most fear about the treatment?



# Prevention

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## **Regular Medications**

- Antihypertensives
- Cholesterol lowering agents

## **Lifestyle interventions**

- Diet
- Exercise



# Practice Nurse

## Louise Lee

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- Role of Practice Nurse
- GPMP, TCA, MHCP
- Practice nurse review for chronic disease
- Remember organisations that can provide chronic disease support in a culturally appropriate manner e.g. ECCQ

# Billing

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- GPMP -721
- TCA - 723
- Reviews – 732
- Mental Health Plan / review / consultation

## **Must**

With consent

Full history, Examination, Investigation and Management Plan

GIVE the document to the patient

# Refugee Health Connect

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## **Contact details:**

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# Summary



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- Refugee Health is rewarding
- Suboptimal care is common
- Hear the story
- Remember the diversity
- Work as a team
- Build trust
- Be culturally sensitive
- Be reflexive
- Be aware of compassion fatigue

# Refugee Health EVENT



Chronic Disease

## Resources:

[www.refugeehealthnetworkqld.org.au/chronic-disease/](http://www.refugeehealthnetworkqld.org.au/chronic-disease/)

### Clinical Guidelines



The Refugee Health Guide provides information about Chronic non-communicable diseases in adults [HERE](#)

### Services

- [ECCQ – Chronic Disease Program including My Health for Life Program](#)
- [My Health For Life CALD Program and in-practice support](#)
- [Mater Refugee and Asylum Seeker Cardiovascular Clinic \(RASCC\)](#)

### Translated Resources

- [Multicultural Diabetes Portal](#) – provides health professionals with a broad range of translated diabetes resources
- [Heart Foundation](#) – Provides resources in your language
- [The Australian Guide to Healthy Eating \(includes serve information\)](#) – Pictorial and translated into various languages
- [Healthy Lifestyle Resources](#)
- [Diabetes Patient Education Materials](#) – Ethno Med

### More Information

- [Diabetes during Ramadan](#)
- [RACGP](#)
- [Australian Heart Foundation](#)
- [Diabetes calculator](#)
- [Nutritional guidelines \(includes patient resources\)](#)
- [Chronic obstructive airways disease](#)
- [Physical activity guidelines](#)
- [Physical activity assessment](#)

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