

Health Literacy support to communities from Refugee backgrounds



access to medical care and treatment of chronic disease.

The initiative started with an initial group of 4 women, and with skilful management and application of community engagement principles has grown to a group of 11.. All members are active community members and although not formally elected community leaders, are seen as 'natural' health leaders within their communities and are often sought to provide advice in regards to health.

Who are the G11?

The current group are drawn from many of the larger refugee background communities in Brisbane and include members from Afghanistan, Iraq, Syria, Liberia, Burundi, Rwanda, Eritrea, South Sudan, Somalia and Myanmar.

Each member is employed on a retainer basis as a consultant, and all have other professional commitments. All have come to Australia from refugee backgrounds and have professional health background experience - for example experience in the areas of pharmacy, nursing, midwifery, interpreting, juvenile justice, disability and child protection.

What do the G11 do?

The group represents a unique model of consumer engagement. They are a bridge between the refugee background community and the health system. Their focus is twofold:

- To provide advice to clinicians, service providers and policymakers to connect the refugee background communities with the Queensland health care system. The group has provided feedback to Queensland Health about a range of health issues including breast health, immunisations, chronic disease management and patient engagement strategies system including the evaluation of the Refugee Health and Wellbeing: A policy and action plan for Queensland 2017-2020.

- To support their respective communities to increase health literacy and access to services through facilitation of health information workshops, sharing translated health information via various culturally appropriate mechanisms including one-on-one, group events and social media. The G11 work closely with clinicians to tailor health information to ensure it is accessible to communities. Furthermore they provide advice to health departments on the delivery of health promotion material so that their respective communities have equitable access.

What did the G11 do during COVID 19?

Australians have found the COVID-19 pandemic to be a difficult and challenging time with uncertainty and ever-changing information. Australia's refugee background communities, especially those with limited access to appropriate information and resources have been severely impacted. In times like these, the G11 initiative ensured Mater Refugee Health was able to quickly identify the needs of the communities and disseminate COVID-19 information in a timely manner. Through the gathering/collating of current resources and development of audio and video messages in several languages, information was distributed through the communities' extensive social media networks reaching thousands of people from refugee communities.

For more information about refugee health in Queensland, subscribe to the Refugee Health Network Qld E news here: <http://www.refugeehealthnetworkqld.org.au/e-newsletters/>

For more information about the community engagement model, see the article published in the Australian Journal of Primary Health Care: '*Community engagement with refugee-background communities around health: the experience of the Group of 11*' (2019) <https://www.publish.csiro.au/PY/PY18139>

