

Good Practice Approaches in Facilitating Primary Health Care Delivery to Migrants and Refugees: The Role of Primary Health Networks

September 2017



**MIGRANT & REFUGEE
WOMEN'S HEALTH PARTNERSHIP**

**Migrant and Refugee Women's
Health Partnership**

PO Box 1895
Canberra ACT 2602

02 6162 0361

secretariat@culturaldiversityhealth.org.au

culturaldiversityhealth.org.au

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Introduction

Population diversity and primary health care

The Australian Primary Health Care Research Institute defines Australian primary health care as:

...socially appropriate, universally accessible, scientifically sound first level care provided by health services and systems with a suitably trained workforce comprised of multi-disciplinary teams supported by integrated referral systems in a way that: gives priority to those most in need and addresses health inequalities; maximises community and individual self-reliance, participation and control; and involves collaboration and partnership with other sectors to promote public health. Comprehensive primary health care includes health promotion, illness prevention, treatment and care of the sick, community development, and advocacy and rehabilitation.¹

Primary health care is the first level of contact for individuals, families and communities within the health care system, and the needs and circumstances of specific population groups, particularly those at risk of

poor health outcomes, should be considered in this regard. These cohorts include migrants and refugees.

Approximately 6.9 million people, or 28.5 per cent of Australia's population are migrants² and since 2005–06, migration has been the main driver of Australia's population growth.³ Currently, Australia accepts 190,000 permanent migrants every year and an additional 16,250 refugees. Further, between 2015 and 2017, a one-off additional intake of 12,000 Syrian and Iraqi refugees settled in Australia. There are also an increasing number of individuals who arrive on temporary visas and subsequently obtain permanent residence status, including skilled workers and international students.

Migration and ethnicity-related factors, as well as refugee experience, are important social determinants of health. It is important to note that refugee-like experiences that impact on health and wellbeing affect not only refugees, but also asylum seekers and other migrants, including family stream migrants reuniting with their family members who have been accepted as refugees.

Migrants and refugees frequently experience impaired health and poor access to health services. However, migrants and refugees are not a homogenous group;

1 Definition developed by the Australian Primary Health Care Research Institute (APHCRI) and cited in *Primary Health Care Reform in Australia: Report to Support Australia's First National Primary Health Care Strategy*, Sept 2009.

2 Australian Bureau of Statistics, *Migration, Australia, 2015–16*, cat. No. 3412.0, released 30 March 2017.

3 Migration Council Australia, *Migration in Focus: An Analysis of Recent Permanent Migration Census Data*, Occasional Paper 1 (2015).

their state of health and access to health care can vary widely between different groups, based on factors such as gender, age, pre-migration experiences, migration status, health literacy and other variables.

Extensive work has been undertaken across Australia to promote accessible and appropriate primary care, particularly for refugees. Notably, a collaboration led by the Victorian Refugee Health Network developed the Refugee Health General Practice Engagement Tools, intended for general practice staff and more broadly for those working in refugee health and with general practice.⁴

Recently established Primary Health Networks (PHNs) across Australia have played a critical role in meeting the diverse health care needs of consumers from migrant and refugee backgrounds. They are key actors in supporting general practice with regard to the delivery of care to culturally and linguistically diverse patients, and in enhancing health literacy among migrant and refugee populations. In this regard, they collaborate both with health care providers and the community.

Primary Health Networks

PHNs are an Australian Government initiative (commenced in 2015) to increase the efficiency and effectiveness of the primary health care system and to improve the coordination of care. There are 31 PHNs across Australia focusing on the following priorities: mental health, Aboriginal and Torres Strait Islander health, population health, health workforce, eHealth and aged care.

Their functions include:

- Understanding the health care needs of the communities through planning and assessment, to identify service availability and gaps;

- Providing general practice support services to enhance the provision of care;
- Undertaking research, evidence and data collection to support continuous improvement in general practices; and
- Purchasing and commissioning health services for groups within PHNs' respective regions to address identified needs.⁵

The overall purpose of the PHNs is to increase the efficiency and effectiveness of primary health care services for patients, particularly those at risk of poor health outcomes, and to improve coordination of primary health care to ensure appropriate and timely delivery of care.

The population diversity status varies greatly among the PHN regions, which translates into differing strategies and approaches adopted by respective PHN operators to enhance primary health care accessibility and acceptability for migrants and refugees. Further, various PHN catchment areas are rapidly growing in view of the migration and settlement, resulting in wide ranging health, health care and access needs.

For example, the Brisbane South PHN catchment covers approximately 23 per cent of Queensland's overall population, which includes approximately 43% of Queensland's culturally and linguistically diverse population and 68% of Queensland's refugee population. Conversely, the Country SA PHN region, which covers all of South Australia apart from the Adelaide metropolitan area, has small culturally and linguistically diverse populations, yet they still form part of Country SA PHN population health priorities.

Cultural diversity mapping and response are a demographic imperative for some PHNs. However even for regions with smaller populations of migrants and refugees, cultural and linguistic diversity considerations are critical when undertaking an adequate needs assessment and service response.

4 See the final project report: Furneaux S., Duell-Piening P., Christensen S., Jaraba S., Loupetis M & Varenica R., *Engaging and Supporting General Practice in Refugee Health*, 2016.

5 Australian Government, Department of Health, *Primary Health Networks: Grant Programme Guidelines*, February 2016, Version 1.2.

Purpose of the report and key observations

This report was prepared by the Secretariat of the Migrant and Refugee Women's Health Partnership (the Partnership), with guidance and substantive input from Dr Margaret Kay, the Royal Australian College of General Practitioners representative on the Partnership's Working Group. It consolidates the findings of a national consultation, with a view to capturing good practice trends that facilitate effective delivery of primary health care for migrants and refugees, and particularly women within this cohort. This work contributes to one of the key objectives of the Partnership—identifying good practice that supports cultural capability in health care and the provision of culturally appropriate care to migrants and refugees, with a particular focus on women.

Specifically, the consultation sought to scope existing initiatives developed and implemented by PHNs to support General Practitioners (GPs), specialists, nurses and Allied Health Professionals (AHPs) in working effectively with migrants and refugees, as well as to promote positive health and wellbeing outcomes for the community. The report captures responses from a number of PHNs to a request for information sought by the Partnership from all PHNs throughout the first half of 2017. These responses were complemented by targeted stakeholder input.

Importantly, the report does not recommend a unified framework. Instead, aligning with the unique positioning of PHNs to address population health needs at local level and through locally-relevant responses, a suite of good practice approaches is proposed for consideration and tailored implementation. The report provides an opportunity for PHNs to build on existing efforts to address particular challenges with regard to health care access, experiences and outcomes that may affect migrants and refugees, and particularly those most vulnerable within this cohort. The suite of good practice approaches is intended as guidance that is sufficiently flexible, and can be tailored to meet local community needs and circumstances, as well as regional PHN priorities and capacity.

Many of the diverse strategies and initiatives developed by the PHNs to support the health of migrant and refugee populations in Australia are the product of innovative collaborations implemented and evaluated through partnerships—across PHNs both locally and nationally, and with other stakeholders, including health providers, settlement support organisations, and communities. These collaborations are critical to the success of the initiatives, improving coordinated care for migrants and refugees, and they should be further nurtured and strengthened. The key determining factor of the success of these initiatives is that they are locally informed, responsive and relevant to the needs of their local communities.

Sharing of learnings and experiences among PHNs and with external stakeholders highlights innovative practice and encourages collaborative strategies. Across PHNs, this could be undertaken through knowledge exchange platforms and forums, such as the existing Refugee Health Community of Practice. Such knowledge exchange helps translate local responses into shared strategies and fosters innovation. Establishing processes and mechanisms for measuring impact of the strategies and initiatives is fundamentally important and highlights positive strategies across areas. This could be linked to the PHN Performance Framework and relevant local performance indicators.

A number of PHNs have focused on refugee health issues and it would be relevant for PHNs to consider broadening this focus to include both migrant and refugee populations. This would be a strategic move, as this would broaden the reach of these activities in view of the greater numbers within the Australia's migration program. While acknowledging that refugees have particular health needs, the migrant population cohort also includes individuals and families with refugee-like experiences that require similar approaches. Further, consideration should be given to the added vulnerability and complexity experienced by various groups within the migrant population, including women, older people, and people with disability.

It is envisaged that this report will contribute to the development of good practice approaches to support collaborations between PHNs, health care providers and the community to enhance primary health care access, experience and outcomes for migrant and refugee communities. It is also anticipated that this report will be equally useful for primary health care providers, generalist and specialist migrant and refugee focused health care services, and settlement support services seeking to actively collaborate in facilitating primary health care for migrants and refugees locally.

The report comprises two parts. Part I—Leadership, consultation and partnership—reviews the importance of community engagement and cross sector collaborations underpinning the design and implementation of strategies to improve access to health care for migrants and refugees. Part II—System wide approaches to meeting communities' health and service needs—examines strategies targeting specific gaps or focus areas, such as community health literacy, systemic barriers to access, and service capacity.

The Partnership is grateful to the PHNs for their contributions to the consultation, and for generously sharing their experiences and insights.

The information in this report is current as of August 2017.

Migrant and Refugee Women's Health Partnership

The Migrant and Refugee Women's Health Partnership (the Partnership) was formed in 2016 in recognition that Australia's changing demographics require a health system response grounded in strategic forethought and collaboration. The Partnership is a national initiative bringing together health professionals and community representatives to address systemic barriers to access to health care for migrants and refugees, acknowledging and responding to the unique challenges faced by women within this cohort.

The Partnership seeks to develop policy frameworks and specific strategies to enhance access to health care for migrants and refugees, with a particular focus on women, and to ultimately achieve more positive health outcomes for the community. It applies a strategic and holistic approach, focusing on both good practice minimum standards in clinical education, training and practice, as well as enhanced health and wellbeing information and literacy strategies for healthcare consumers.

Driving the direction of the Partnership is a Working Group that brings together representation from lead standards bodies for clinicians, community, and relevant government agencies.

The members of the Working Group are:

- **Professor Steve Robson, Chair**
President, Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- **Ms Carla Wilshire, Deputy Chair**
Chief Executive Officer,
Migration Council Australia
- **Associate Professor Jacqueline Boyle**
Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- **Mr Greg Brown**
Ramsay Health Care Australia
- **Ms Alison Coelho**
Centre for Culture, Ethnicity and Health
- **Associate Professor Deborah Colville**
Royal Australian and New Zealand College of Ophthalmologists
Royal Australasian College of Surgeons
- **Ms Joumahan El Mahrah**
Community sector representative
- **Ms Carmen Garcia**
Community sector representative
- **Dr Kim Hansen**
Australasian College for
Emergency Medicine
- **Dr Elizabeth Hessian**
Australian and New Zealand College of Anaesthetists

- **Dr Cathy Hutton**
Australian Medical Association
- **Dr Kym Jenkins**
Royal Australian and New Zealand College
of Psychiatrists
- **Dr Kudzai Kanhutu**
Royal Australasian College of Physicians
- **Dr Georgia Karabatsos**
Royal Australasian College of Medical
Administrators
- **Dr Margaret Kay**
Royal Australian College of General
Practitioners
- **Dr Sushena Krishnaswamy**
Royal Australasian College of Physicians
- **Mr Evan Lewis**
Australian Government Department of
Social Services
- **Ms Kate Munnings**
Ramsay Health Care Australia
- **Dr Kelly O'Donovan**
Australian College of Rural and
Remote Medicine
- **Ms Mary Patetsos**
Community sector representative
- **Mr Alan Philp**
Australian Government
Department of Health
- **Dr Jason Schreiber**
Royal College of Pathologists of Australasia
- **Dr Susan Sdrinis**
Royal Australasian College of
Medical Administrators
- **Ms Rachel Vowles**
Queensland Department of Health
- **Adjunct Professor Kylie Ward**
Australian College of Nursing
- **Ms Michelle Wright**
Medical Board of Australia
- **Ms Nasrin Zamani Javid**
Australian College of Midwives

Part I — Leadership, consultation and partnership

Strategic, engaging and consultative leadership on behalf of PHNs is fundamental in understanding the complexity of the population diversity and the ensuing health and health care needs, and in providing a comprehensive response. Appropriate design and delivery of health services for migrant and refugee communities require a response based on policy and structural considerations. An all-encompassing approach to understanding and responding to diverse community health and health care needs would embed the relevant considerations at a number of strategic levels, including:

- Comprehensive needs assessment and data collection identifying the area's population diversity and the ensuing health needs, leading to responsive strategy development, which promotes best practice and service innovation;
- Policy frameworks with a focus on adequate and appropriate response to health and service needs of consumers, including improving equity and access for communities experiencing added vulnerability and disadvantage;
- Service planning and commissioning frameworks, facilitating adequate and appropriate response to diverse population health and health care needs and circumstances; and
- Community participation, engagement, involvement and consultation models, including advisory structures and other mechanisms providing input on programs and engagement approaches, to facilitate needs assessment and service design and delivery response.

Community engagement and participation

*PHN Needs Assessment Guide*⁶ points out that PHNs should recognise cultural diversity within their region and design appropriate consultative approaches, including through community advisory committees. Indeed, genuine consultation enables PHNs to better understand issues and barriers experienced by the local migrant and refugee populations.

The key consideration for consultation and engagement is the imperative for PHNs to understand the current and prospective demographic shifts in their regions, assess the implications around migrant and refugee health and health care needs, and respond to ensure that the primary health care is appropriate and accessible. Any consultation approaches should be genuine, meaningful and accountable.

⁶ Australian Government, Department of Health, *PHN Needs Assessment Guide*, Dec 2015.

They should include mechanisms for being responsive to community and stakeholder feedback and addressing identified gaps and concerns. This is particularly important in view of community engagement, as it is directly linked to building community trust and confidence in the health care system overall.

PHNs can employ a range of consultation avenues, including the establishment of advisory structures that may include culturally and linguistically diverse consumer input and expertise. In establishing such advisory structures, PHNs should consider their local population make-up and sensitivities, and ensure adequate and informed representation of migrant and refugee community voices. Inclusion of informed migrant and refugee representation in the advisory structures ensures that a diversity of voices and perspectives are consulted as part of the process, on an ongoing basis, and not as an add-on.

WentWest utilises its Clinical Council and Consumer Advisory Council mechanisms to consult on information specific to cultural and linguistic diverse communities in relation to commissioned services. Its Consumer Advisory Council membership includes representation from this cohort.⁷

Other avenues for community consultation and education include engagement with settlement support services and specialist services, such as migrant health services.

WentWest partners with migrant services to participate in community consultations, including around mental health, and to hold events about its After Hours program. The PHN also engages with peak bodies with cultural and linguistic diversity expertise to deliver community education activities.

Participation in multicultural community and settlement networks allows PHNs to incorporate relevant perspectives into their work, including needs assessment and community engagement planning.

Gold Coast PHN is a member of the Gold Coast Multicultural Network convened by the Multicultural Communities' Council of the Gold Coast. Through attendance at bi monthly meetings, the PHN maintains awareness of key organisations, events, resources and opinions from the multicultural community on the Gold Coast. The network is connected to local multicultural communities and engages with them on a regular basis.

On occasion, such community engagement can be facilitated through government led partnerships.

⁷ WentWest, *Consumer Advisory Council Members List*, <http://wentwest.com.au/content/documents/phn/consumer-advisory/WS-PHN-Consumer-Advisory-Council-Members-list.pdf>

The Canberra Health Network, for example, participates in the ACT Health Multicultural Reference Group, a community liaison group that brings together peak bodies in the multicultural health sector including Canberra Multicultural Community Forum and Companion House. Participation in the Reference Group provides the PHN with the opportunity to:

- better understand issues related to health service provision to culturally and linguistically diverse consumers within ACT Health and across the ACT health system;
- strengthen relationships, liaison and information sharing; and
- identify and promote opportunities for collaboration on initiatives to improve the health outcomes of culturally and linguistically diverse consumers.

PHN-initiated consultation is another example of an engagement mechanism to seek community and stakeholder input into the development of responsive approaches.

The Adelaide PHN recently undertook a stakeholder consultation aimed at identifying priorities and solutions to address the primary health care needs of refugees and new arrivals. The recommendations included the establishment of a reference group, policy framework and best practice models to be developed collaboratively with key stakeholders in the sector, and partnerships and collaboration processes to be utilised to foster effective system integration and a collaborative environment.

The PHN's overall focus is on understanding the health care needs of migrant and refugee communities in the area through broad engagement and consultation, collaborative analysis, and planning to prioritise the primary health care of consumers.

Country SA PHN's development of approaches to address primary health needs of the migrant and refugee population is underpinned by seeking feedback from the population groups, as well as local health professionals, to determine the extent of action to be undertaken and identify stakeholders and partners. This includes connecting with the local migrant resource organisations and torture and trauma services.

Cross-sector collaborations

It is beneficial for PHNs to build and develop relationships with their local organisations and networks, which work specifically with migrants and refugees. Existing PHNs' collaborative initiatives with regard to culturally and linguistically diverse population health primarily focus on addressing the health needs of refugees. These efforts include collaboration with government initiatives, and well as non government, community-based efforts.

Queensland-based PHNs participate in the Refugee Health Network Queensland. The network brings together relevant units in Queensland Health with PHNs; specialist health services including QPASTT and Mater Refugee Health Services; and settlement services across Queensland. Funded by Queensland Health and supported by Mater Health, the Network was established in 2016 to facilitate greater coordination and collaboration amongst health and community services to provide more accessible and appropriate health services for people of refugee backgrounds.

The Network's Refugee Health Policy Working Group⁸ developed a statewide framework, released in March 2016, *Refugee Health and Wellbeing: A strategic framework for Queensland*⁹ which provided the basis for the *Refugee Health and Wellbeing: A Policy and Action Plan for Queensland 2017–2020*.¹⁰

Launched in April 2017, the Policy and Action Plan is a strategic policy structure that outlines practical actions to improve refugee health and wellbeing in Queensland. There are seven priority areas for action and 65 activities in the plan, focusing on:

- collaborating across sectors, including the establishment of statewide refugee health and wellbeing network;
- sharing resources;
- providing culturally responsive services;
- improving access to interpreters; and
- implementing innovative models of care.

Tasmanian PHN is a founding and active member of the Northern Tasmania Refugee Health Advisory Group.

North Western Melbourne PHN maintains contact with settlement services, local government and other refugee service providers through participation in networks such as the Outer North Refugee Health Network and the Western Refugee Health Partnership (which the PHN auspices).

8 Refugee Health Network Queensland, <http://www.refugeehealthnetworkqld.org.au>

9 Queensland Health, *Refugee Health and Wellbeing: A strategic framework for Queensland*, Mar 2016

10 Queensland Health, *Refugee Health and Wellbeing Policy and Action Plan: A Policy and Action Plan for Queensland 2017-2020*, Apr 2017.

Part II — System wide approaches to meeting communities' health and service needs

System wide approaches are broadly structured around the following key focus areas:

- Providing service and care coordination and integration for consumers from migrant and refugee backgrounds;
- Improving the capacity of services to provide competent and appropriate care;
- Supporting health literacy and health system knowledge of consumers from migrant and refugee backgrounds; and
- Addressing specific access gaps and barriers.

Such approaches can take the form of comprehensive initiatives seeking to address all, or most, of the above focus areas.

Based on the needs assessment and the stakeholder consultation aimed to identify priorities and solutions to address the primary health care needs of refugees and new arrivals, the Adelaide PHN is undertaking the Refugees and New Arrivals Project focusing on the following priorities:

- Improve health of refugees and new arrivals through engagement of bilingual/bicultural workers, case coordination, education, training and support;

- Build capacity of primary health care workers to include tailored care for refugees and new arrivals, provide information and educational resources, professional interpreters and orientate refugees and new arrivals to the health care system; and
- Identify and implement best practice and referral pathways and facilitate support and advocate for coordination and integration.

Through this project, the PHN's objective is three-fold: supporting the communities, enhancing the mainstream services capacity, and providing care coordination to increase availability, efficiency and effectiveness for the target group.

Alternatively, the approaches comprise a multiplicity of strategies and projects seeking to fill specific needs within the focus areas.

Service coordination and integration

Service coordination and integration provides a number of benefits, such as reducing duplication and fragmentation of service delivery to migrant and refugee populations, bridging the gaps in meeting their health and health care needs, and complementing local service specialisation and expertise.

Similarly, existing coordination efforts tend to focus on refugee (and occasionally asylum seeker) health.

Brisbane South PHN and Brisbane North PHN are part of the Refugee Health Connect partnership, which also includes Mater Integrated Refugee Health Service and Metro South Hospital and Health Service.¹¹ Refugee Health Connect is a single point of contact for general practices, other health care providers, settlement services and community organisations, for assistance and support regarding all aspects of refugee health. This includes pathways, resources and ensuring that clients are linked with appropriate primary care providers. Refugee Health Connect works collaboratively with settlement support services, primary care providers and hospital-based support services. In addition to peer education and professional development for health professionals, Refugee Health Connect assists in connecting newly arrived refugees to an appropriate general practice for refugee health assessment. Referrals are made with consideration to clinical issues, capacity to cope with patient demand, cultural barriers or opportunities and location, such as access to public transport and infrastructure.

Such coordination can be focused on addressing particular health and health care needs, such as mental health and cancer screening.

Westvic PHN is working collaboratively with local stakeholders including the G21—Geelong Region Alliance, Diversitat, Corio Community Health, Barwon Child Youth and Family and the Catholic Care Alliance to address gaps in mental health care for refugee and asylum seekers in the Geelong Otway area, as well as improving service co-ordination between settlement services and healthcare providers.

As part of the Australian Government's primary mental health reform agenda, the Adelaide PHN has commissioned an organisation to provide clinical care coordination for culturally and linguistically diverse communities in the metropolitan Adelaide region. The program includes specialised cultural workers to support integration into community and linkages with health services.

North Coast PHN's Women's Cancer Screening Collaborative¹² is an example of a project responding specifically to the needs of women from culturally and linguistically diverse communities. Drawing on The Cancer Institute's finding that some sections of culturally and linguistically diverse women participate in cancer screening at a lower rate than other women, the project encourages practices to disaggregate their practice data to support better identification of women at heightened risk of under-screening.

11 Brisbane South PHN (BSPHN), *Refugee health – Refugee Health Connect*, <http://www.bsphn.org.au/refugee-health/>

12 North Coast Primary Health Network (NCPHN), *Women's Cancer Screening Collaborative*, <http://ncphn.org.au/wcsc-eoi/>

In partnership with Family Planning NSW, the project provides education to practice staff about what is already known in relation to cultural, social and linguistic barriers, and how to communicate more effectively with women with low health literacy. It also assists in developing 'health literacy action plans.'

Refugee Health Nurse program is another important area of service coordination and integration.

Brisbane South PHN and Brisbane North PHN work with Mater Health Services who provide Refugee Health Nurses to co-locate in general practices. The nurses support practices in every aspect of care delivery, including collecting the data prior to appointments, managing immunisation catch up schedules, arranging referrals to allied health services, and following the progress across immunisations and referrals. The model is flexible and the nurses outreach is provided for as long as the practice requires support, with complex issues warranting extended provision of support. The program enables capacity building within the practice.

A similar Refugee Health Nurse Outreach Program is implemented by Darling Downs and West Moreton PHN whereby funding is provided to two humanitarian settlement services providers in the region to employ Refugee Health Nurses who facilitate refugee health assessment services and ongoing health care management by general practices, assisting with a smoother transition for refugees and temporary protection visa holders to the health care system.

Supporting service capability, acceptability and competence

Australia's PHNs play an important role in supporting general practices and health professionals to work effectively with their patients from migrant and refugee backgrounds. This can take the form of PHNs providing education and upskilling of health professionals, including GPs, AHPs and associated or supporting staff, in cultural responsiveness and competencies related to their local migrant and refugee populations.

Further, many PHNs' websites provide links to external tools and resources to support the delivery of primary health services, particularly to refugees. While this section includes some examples of such web-based resources, it primarily focuses on practical initiatives that foster culturally appropriate delivery of care, including strategies to facilitate an uptake of available information resources by services. Many of these initiatives are also built around collaboration and partnership with relevant organisations, including other PHNs.

Providing information to, and improving awareness of, health professionals on specific issues can be done through ad hoc training and education events targeted at relevant groups of practitioners.

Brisbane South PHN delivers cross-cultural training to all stakeholders twice a year. In addition, targeted cross-cultural training was delivered for Partners in Recovery¹³ partner organisations and Psychological Therapies in Primary Care providers through the PHN's mental health program. As part of the Refugee Primary Health Care Clinical Advisory Group, Brisbane South PHN and Brisbane North PHN are involved in funding and organising three clinical education events per year that focus on refugee health issues.

WentWest, the Western Sydney PHN, conducts a number of events throughout the year for health professionals, including various association meetings with women's health and refugee health components, an immunisation event with a specific refugee component, and a professional development event for mental health providers focused on refugee health.

As part of the redesigning and commissioning of new primary mental health services in the ACT, Canberra Health Network is providing workforce training on working with culturally and linguistically diverse groups to all low intensity and high intensity mental health workers.

It is important to recognise the role that ongoing peer education can play as an effective avenue for supporting practices in delivering culturally appropriate care with practical and empirical guidance to using existing tools and resources.

¹³ Partners in Recovery is a collaboration of 10 non-governmental organisations that specialise in servicing the community to facilitating multiple clinical and non-clinical supports for individuals with complex care needs. The partnership includes Harmony Place—an organisation specialising in mental health and wellbeing services for migrants and refugees and operating under the umbrella of Access Community Services.

Through a collaboration model—Refugee Health Connect—Brisbane South PHN and Brisbane North PHN provide education and support to GPs, building the capacity of services to improve health access for people of diverse refugee backgrounds and ensuring that care is delivered in a culturally and clinically appropriate manner. General practices interested in refugee health are provided with peer education from a GP and/or Practice Nurse with extensive experience in refugee health, clinical and administrative resources, timely information about changes to refugee health policies impacting on primary care, and support around all aspects of the refugee health assessment for new arrivals.

Transition to mainstream general practice for refugees in Tasmania is facilitated by Primary Health Tasmania's two dedicated refugee health clinics operating with partial funding from the State Government. These clinics and their staff act as a central point of contact of support for mainstream general practice and other providers on all matters related to refugee health, as well as providing assessment, catch up immunisations and initial treatment for people from refugee backgrounds.

Westvic PHN are creating capacity building opportunities for GPs in the region, providing CPD, training and further education around primary health care management for GP's caring for refugees and new arrivals. A new forum with G21—Geelong Region Alliance, the Refugee and Asylum Seeker Healthcare Community of Practice Group, has recently been launched, with membership including GPs, nurses, AHPs and school staff to disseminate up to date resources and information, provide peer support and promote CPD events.

South Western Sydney PHN, in collaboration with NSW Refugee Health Service, supports general practices, which currently provide or are considering providing health care services to people from a refugee background through a General Practice Checklist.¹⁴ The Checklist provides both suggested and beneficial systems and processes to enable appropriate primary care for refugees.

Online mechanisms are being increasingly utilised by PHNs for providing information support to the community of practice. They include HealthPathways—an online health information portal to be used at the point of care by GPs, specialists, nurses and AHPs on how to assess, manage and refer patients in a timely manner to available services.

WentWest has developed relevant clinical resources including HealthPathways pages specific to refugee health and women's health. Similarly, Tasmania PHN and Westvic PHN provide information, services and resources specific to refugee health in their HealthPathways, and the Hunter Valley New England and Central Coast PHN is developing three pages on Refugee Health on its HealthPathways site. North Western Melbourne PHN shares a HealthPathways site with Eastern Melbourne PHN that includes specific pages on refugee health and culturally and linguistically diverse communities.

The resources provided include TIS promotional materials, hints and tips for working with interpreters video, information on working with patients when there are language barriers and translated health information about medicines.

Gold Coast PHN has a specific page on Refugee Health¹⁵ in the Resources section of its website, which includes extensive information for clinicians and health care professionals including immunisation and mental health resources.

Most Queensland-based PHNs, including Gold Coast PHN, link to the Mater Refugee Health website¹⁶ for information and resources by the Refugee Health Partnership Advisory Group Queensland and to the Refugee Health Network Queensland¹⁷ to provide a consistent approach regarding resources on refugee and multicultural health.

The Westvic PHN website also has a specific page on Refugee and Asylum Seeker Health, providing a list of available resources to GP's and other health professionals, including Victorian Refugee Health Network's refugee health assessment templates, information on immunisation catch up and the appointment reminder translation tool, as well as links to other community organisations working with people from refugee backgrounds.

14 The Checklist was initially developed by the South-East Queensland Refugee Health Clinical Advisory Group—a group, supported by Brisbane South PHN, which comprises primary health care clinicians and other AHPs who develop clinical protocols and resources, identify training needs and coordinate training events. The Checklist is accessible via Central and Eastern Sydney PHN website: <https://www.cesphn.org.au/hm-in-a-general-practice/resources-gp/refugee-health>

15 Gold Coast PHN, *Refugee Health*, <http://healthygc.com.au/Resources/Refugee-Health.aspx>

16 Mater Refugee Health, <http://www.materonline.org.au/services/refugee-services>

17 Refugee Health Network Queensland, <http://www.refugeehealthnetworkqld.org.au>

Community education and health literacy

PHNs have an important role to play in strengthening health literacy in the community and supporting migrants and refugees to become confident and informed consumers of health care services. Further, within the migrant and refugee populations, improving health literacy of women is particularly important and has a direct positive impact on family care and community health more broadly.

The provision of information, tools and education to migrant and refugee communities, particularly those recently settled, should be an integral part of PHN's health literacy strategy. It is critical that PHNs acknowledge cultural and linguistic considerations in delivering health literacy education, including at an organisational policy level.

Many of the existing consumer-targeted and community information resources provided by PHNs are also digital or web-based.

Gold Coast PHN has a Refugee Health page¹⁸ in the Resources section of its website which includes extensive patient information, including material on women's health and links to translated health information and multilingual multimedia resources available on the Mater Refugee Health website.¹⁹

WentWest, the Western Sydney PHN, supports the *Healthy Western Sydney*²⁰ consumer portal which contains information and resources recommended by local health professionals for the whole community.

The portal identifies culturally appropriate resources for people from culturally and linguistically diverse communities with a flag symbol and specific pages for women's health and contact information for refugee and multicultural health services. WentWest is currently working to include, as part of the Go Health Share digital program, a range of evidence based health promotion and health literacy materials in the languages of Western Sydney's multicultural communities.

On occasion, health and health care information can be distributed in a printed format.

As part of the Western Refugee Health Partnership, North West Melbourne PHN has recently developed a booklet that explains the different aspects of the Australian healthcare system. The booklet will be translated into five languages and distributed via settlement services and GPs.

Darling Downs and West Moreton PHN is developing a Health Literacy booklet for its refugee population. The booklet will address some common issues surrounding health care in Australia, including how to make/cancel an appointment, how to prevent getting sick, how to stay healthy, how to deal with sadness/worry, when to see a doctor, when to go to hospital, when/how to call an ambulance, asking for an interpreter, what is a prescription, how to get a prescription, how to take medicines, what is an emergency and useful contacts. The booklet will include colourful pictures and artwork to aid readers and will be translated to the key languages of the region.

18 Gold Coast PHN (GCPHN), *Refugee Health*, <http://healthygc.com.au/Resources/Refugee-Health.aspx>

19 Gold Coast PHN (GCPHN), *Mater Refugee Health*, <http://www.materonline.org.au/services/refugee-services>

20 *Healthy Western Sydney*, <http://healthywesternsydney.org.au>

Canberra Health Network is actively promoting the *My Health Record* consumer brochure, aimed at consumers and translated into 30 different languages by the Australian Government's Department of Health, through fortnightly newsletters and regularly scheduled practice visits. These multilingual brochures have been uploaded on the PHN's website for easy downloading and printing by health care providers.

Community education can be targeted at particular cohorts within migrant and refugee populations.

The North Western Melbourne PHN is about to launch a program to improve the health literacy of the target population in its high settlement areas. Targeted at the Arabic speaking community, the focus of the program will be on improving orientation to and navigation of the Australian healthcare system, with a focus on mental health and wellbeing. Specific health resources will be developed and distributed as part of the program.

Enabling equitable access to quality care

According to *PHN Needs Assessment Guide*,²¹ service mapping undertaken by PHNs involves identifying and documenting the range of services available and the relationships between such services. An important aspect of the needs assessment is *Accessibility* — it includes financial and cultural barriers and access to specialists and secondary referred services. For some categories of migrants, the financial barriers would include the ineligibility for Medicare, and subsequent inability to access a whole range of health care services at an affordable rate.

With regard to cultural barriers for migrant and refugee communities, service accessibility often includes the consideration of language barriers and the necessity of adequate enablers, such as professional language services. This is particularly critical in regard to access to health services.

The Australian Government's Free Interpreting Service, delivered by Translating and Interpreting Service (TIS National),²² is available for private medical practitioners—defined as GPs and approved medical specialists, as well as their staff—when providing Medicare-rebateable services to individuals who hold a Medicare card, and for pharmacists for the purpose of dispensing Pharmaceutical Benefits Scheme medications. A significant access gap in this regard is the ineligibility of AHPs, including psychologists, for the free interpreting service.

A number of PHN-led initiatives provide specific focus on promoting the utilisation of language services in both addressing the barriers to health care for people of non English speaking backgrounds and supporting the delivery of safe, quality health services.

²¹ Australian Government, Department of Health, *PHN Needs Assessment Guide*, Dec 2015.

²² Translating and Interpreting Service (TIS National), <https://www.tisnational.gov.au>

PHNs can play an important role in promoting the utilisation of language services in general practices. It is critical that PHNs respond to the need for greater access to interpreter services and translated and culturally appropriate materials through information and communication tools.

The Westvic PHN's website page on Refugee and Asylum Seeker Health includes information about TIS National and resources about working with patients when there are language barriers. North Western Melbourne PHN, along with the other PHNs in Victoria, has recently collaborated with the Victorian Department of Health and Human Services to have information packs about TIS National sent to every general practice in the PHN's catchment.

Similarly, Canberra Health Network has developed a HealthPathways²³ resource on interpreting services. Further, the PHN provides the relevant information to its members in the primary health workforce through fortnightly newsletters and regularly scheduled practice support visits. In particular, the PHN is actively promoting The Royal Australian College of General Practitioners requirements on interpreter and other communication services,²⁴ as well as the availability and services offered by the TIS National. The PHN is also reviewing the availability of translated resources as part of the redesign and commissioning new primary mental health services in the area.

South Western Sydney PHN in April 2017 produced a Refugee Health GP Directory, listing local GPs who consult in languages other than English. The PHN has provided the directory to local agencies who work directly with refugee clients to support the agencies and their clients to link with appropriate local primary health care. GPs in the directory have submitted a Refugee Health Checklist, met other cultural competencies and have consented to having the languages other than English in which they consult published.

To address language barriers, WentWest has a Mental Health Allied Professionals Directory on its website, listing AHPs who speak another language and have specialties in cultural and linguistic diversity, women's health and trauma.

Several PHNs utilise an online appointment tool reminder, allowing services to translate appointment details into their client's language.

23 Canberra Health Network (CHN), *HealthPathways*, <https://www.chnact.org.au/healthpathway>

24 Royal Australian College of General Practitioners (RACGP), *Standards for General Practice*, 4th ed, Oct 2016, Criterion 1.2.3 – *Interpreter and other communication services* provides that a practice needs to know how to access interpreter services and needs to have a list of contact details for interpreter and other communication services, including TIS National.

Language services in allied health

Similarly, by facilitating access to language services in allied health, PHNs can address the critical gap in the provision of fee-free interpreting services and open up access to the much needed services for the vulnerable population cohort. A number of PHNs fund language services for AHPs working with non-English speaking individuals.

Brisbane South PHN funds interpreting services for health professionals providing services through Psychological Therapies in Primary Care and midwives providing services through their Mums and Bubs program. The PHN has also established the *Interpreting for Allied Health Professionals Program*²⁵ to support access to private AHPs for their non English speaking clients. The program is based on the Central and Eastern Sydney PHN program.²⁶

In Brisbane South, the program provides private AHPs working in the PHN catchment area with access to free interpreting services via TIS National. As at July 2017, 101 AHPs have registered with the program. AHPs that are eligible for this program include: diabetes educators, dietitians, physiotherapists, exercise physiologists, podiatrists, dentists, optometrists, speech pathologists, audiologists, occupational therapists, social workers, psychologists, and mental health nurses. Other AHPs can be considered on a case-by-case basis. All participants are required to complete cross cultural/use of interpreting training.

A recent evaluation of the Program showed positive feedback from registered AHPs. It highlighted that the Program is a valuable service that improves access to allied health care for people of non-English speaking background.

Similarly, Darling Downs and West Moreton PHN, which is home to more than 10,000 people from migrant and refugee backgrounds, has established the *Interpreting for Allied Health Professionals and Pharmacists Trial Program*. The trial aims to provide funded access to TIS National at nil cost to both clients and AHPs. The program is looking to include pharmacists into this funded trial for the provision of non-PBS medications and medical equipment sales, and the delivery of both Domiciliary and Residential Mediation Management Reviews.

With regard to mental health services, Tasmania PHN funds language services through its Psychological Interventions Program, and WentWest provides interpreting services for mental health patients.

25 Brisbane South PHN (BSPHN), *Refugee health – Interpreting for Allied Health Professionals Program*, <http://www.bsphn.org.au/refugee-health/>

26 Central and Eastern Sydney Primary Health Network, *Access to Interpreting Service for Allied Health Professionals*, <https://www.cesphn.org.au/current-initiatives>



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