

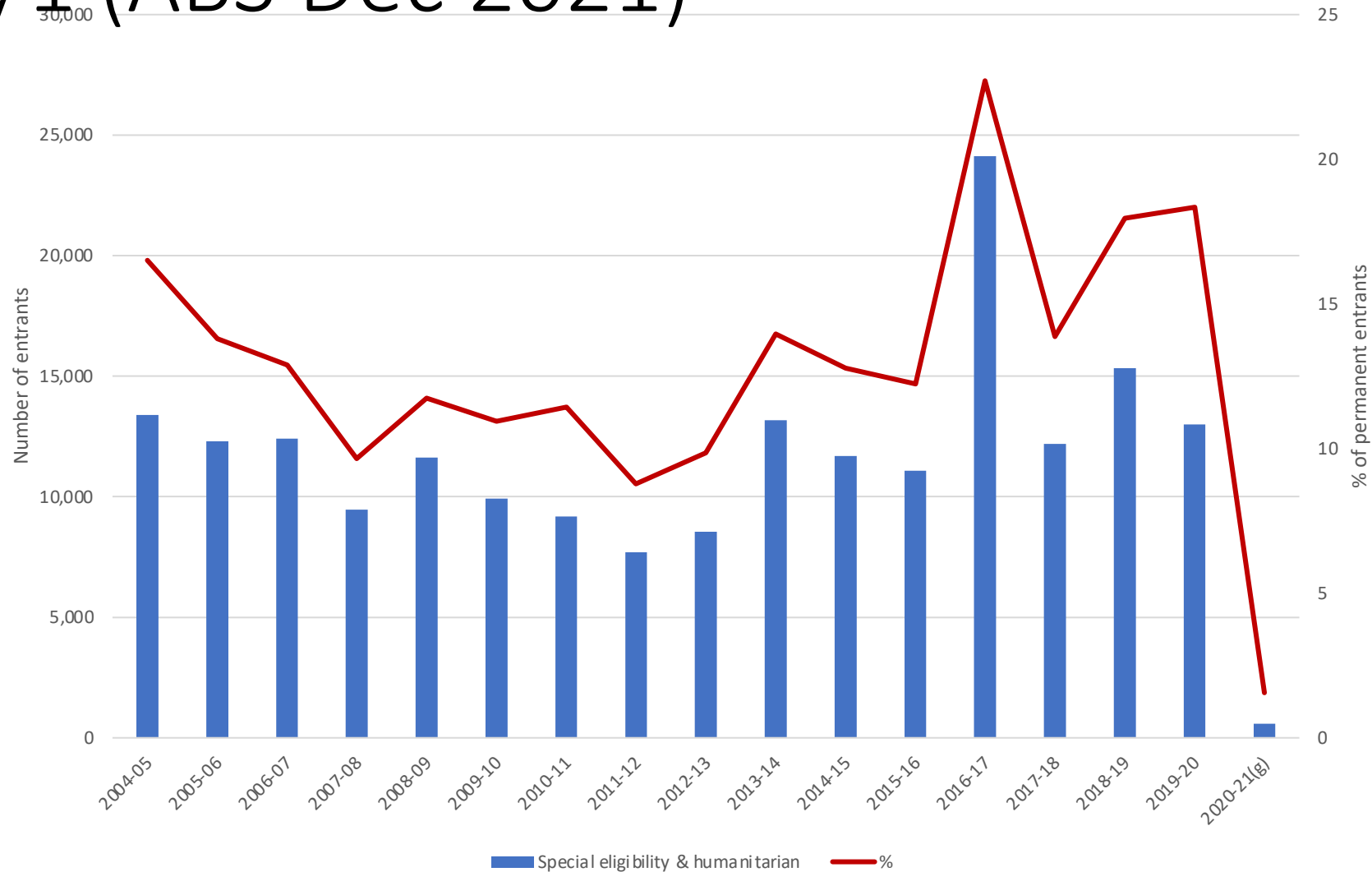
Health Navigation by Refugees from General Practice

Some qualitative findings from OPTIMISE study

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Australian Humanitarian Entrants 2004/5 to 2020/1 (ABS Dec 2021)



The OPTIMISE study and its background



Aim: to improve the quality of refugee health care at the general practice setting.

- 3 sites of high refugee settlement areas in 2 states in Australia
- 3 universities (UNSW, Monash U. & La Trobe U.) and regional partners
- Conducted from 2016 to 2020
- Funded by NHMRC

Characteristics of Practice staff and GPs

Practice staff	n	Speak LOTE ¹⁾		Speak Refugee language ²⁾	
		Yes (n)	%	Yes (n)	%
GPs	134	115	86	58	43
Nurses	61	33	54	8	13
Reception	117	75	64	36	31

- Many speak languages other than English (LOTE). Fewer speak one of languages spoken by recent refugees.
- GPs born in 19 different countries (including Australia)

Ranking	Spoken by Ref. Patients ¹⁾	Spoken by GPs ²⁾
1	Arabic (32)	Arabic (18)
2	Assyrian (9)	Hindu (9)
3	Dari (8), Persian (8), Urdu (8)	Urdu (6), Bengali (6)
4	Farsi (7), Bosnian (7)	Persian (5)
5	Turkish, Pashuto, Hazaraghi, Croatian, Burmese (5 each)	Dari (3), Cantonese (3)



Data source for LOTE: Practice description survey. 1) Chi-square test of 3 x 2 table for "Speak LOTE" p=0.000. 2) Chi-square test of 3 x 2 table for "Speaks Refugee language" p=0.000. Refugee languages refers to languages spoken by recently arrived refugees and are based on patients' country of origin or ethnicity of the source countries of recent humanitarian entrants to Australia (Department of Immigration and Border Protection, 2013 to 2017). Date Source for the Ranking of languages: Baseline Practitioner survey.

Findings of Optimise study

Health assessments

- The proportion of patients with an RHA in the previous 6 months increased from 19.1% to 27.3% (OR 1.9 (95%CI 1.4 to 2.5)).
- Outreach practice facilitation in collaboration with local refugee health services helped improve the quality of assessment provided to refugees

Russell, G.M., et al. (2021), OPTIMISE: a pragmatic stepped wedge cluster randomised trial of an intervention to improve primary care for refugees in Australia. *Med J Aust.* 215: 420-426

Language

- The use of credentialed interpreters was sub-optimal but did improve
- The use of bilingual staff and family members as alternatives remained frequent.
- Time and cost were main barriers as well as availability of interpreters.

Saito S et al.(2021) Response to language barriers with patients from refugee background in general practice in Australia: Findings from the OPTIMISE study *BMC Health Services Research* **21**, 921.

Study Objectives and Methods

Research Question: What navigation problems were identified in the general practice staff in OPTIMISE study in South-West Sydney

Secondary Analysis of Qualitative interviews and notes collected from staff of 12 practices and 3 practice facilitators

Analysis: Descriptive thematic analysis using socioecological model as a framework

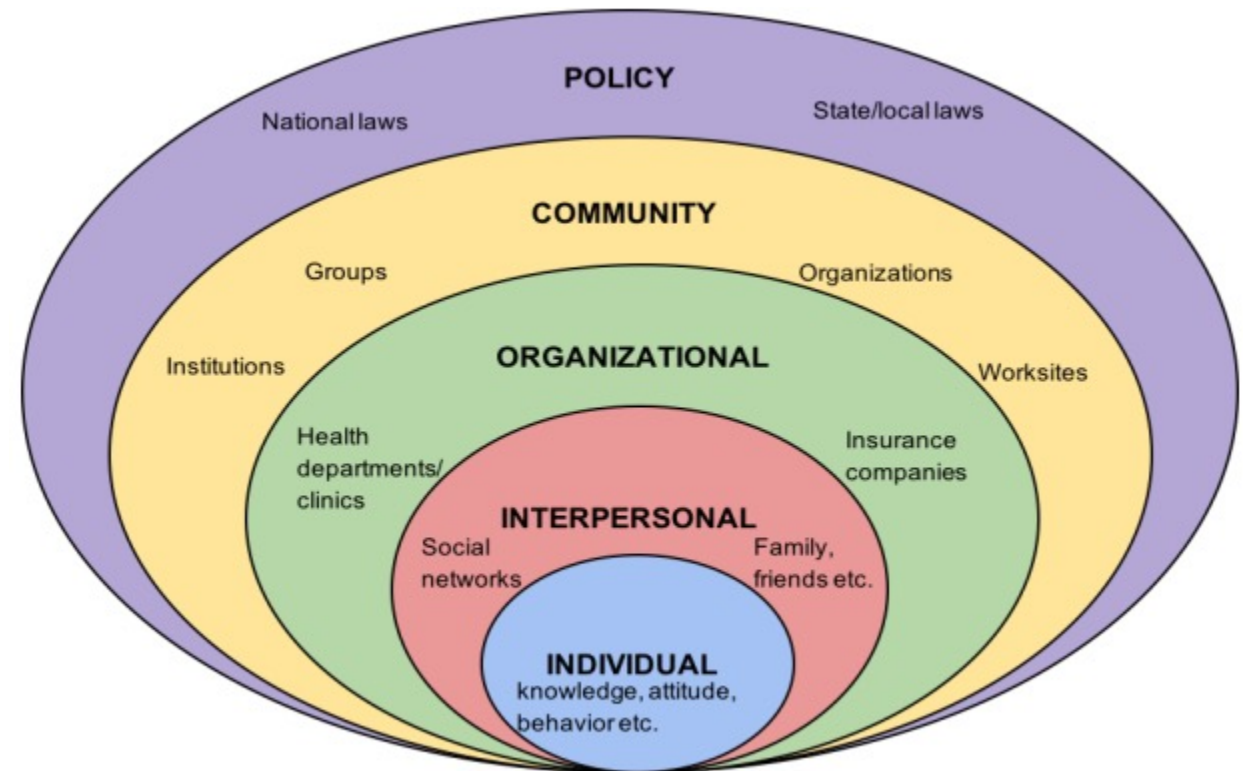


Fig. 1. Social Ecological Model, adapted by the CDC (CDC –

Factors influencing navigation by refugees

Individual level

Health system literacy: Refugees may lack understanding of and information on the Australian health system including the availability of services and technology to deal with health problems that may be different from their country of origin.

“that they don’t have sufficient information on how to access health care, because the health care system in Australia might be entirely different to their parent country from where they are coming from”

Health literacy: Understanding of certain tests (eg breast or bowel cancer screening)

English language literacy: This is a problem for some recently arrived refugees especially for parents brought out to Australia by more established younger refugees as they find it difficult to learn English.

“language barrier is the main issue in finding appropriate services to refer patients to. Mental health referrals are particularly challenging”

Interpersonal

Distance to language and cultural appropriate services and the availability of transport to take them was an issue for some services

“transport and um access to you know in terms of location to the health services, um, some of them they don’t have any family to drive them”

Tailored: Health care providers need to be sensitive to the different needs of refugee groups

“and how to treat these people differently, and I don’t know, just depends on what they come from they’ve got all different expectations, you can’t really compare the refugee.”

Linkage: If they arrive via the sponsorship pathway, refugees that they may not be connected with the services they need.

“their families are sponsoring them, and they arrive in Australia without much support and most of their families are also, they’re not aware of what much they can do for them”GP

Navigation issues faced by refugees in SWS:

Organisational level

Lack of time in consultations was a barrier to effective navigation related to the limitations on funding from Medicare.

“Unfortunately, you can’t just um, um, even the time that you spend with them, claim in terms of Medicare billings..”

Information on the referral processes needs to be provided in multiple languages or through the use of health navigators

“Providing referral navigation information in multiple languages (eg; how to book and get to referral service etc.) either in writing or using a health navigator”

Policy

Cost is a major constraint. The availability of low cost or bulk billing medical specialists especially in the surgical specialties such as ENT and orthopaedics, mental health and dentists.

“It becomes very frustrating when trying to impart info to our refugees not just for us but for them also, difficult for us when trying to make appts. ie specialists as there is always a cost involved & they have no funds. We do not have access to their case managers to find out if funding is available.” (GP)

In the public sector wait times are a significant barrier
“Dental is the main issue, not for children but the adults, even when we state their refugee status there is a long waiting period.”

Other Issues identified in other research

Taylor J and Haintz GL Aust J Prim Health 2018

- Language and culture
- Access to/uptake of interpreter service
- Health literacy
- Health seeking behaviour
- Trust in health care providers
- Resettlement issues
- Cost of health care
- Wait times

Au M et al. BMC Int Health and Human Rights 2019

- Language
- Access to interpreters
- Expectations of the health care system
- Cultural differences
- Provider knowledge of refugee health
- Health information translated and/or culturally appropriate
- Empowerment
- Affordability, accessibility, accommodation, and availability

Bilingual community health navigators

- Lay health workers from the same language and cultural background
- Bridge between community and health services
- Improve access to culturally appropriate health services



Which refugee issues might BCNs address

- Overcome cultural and language barriers
- Help navigate health and social care services
- Improve health literacy
- Build trust within the health system



Opportunities for research and development

- Training LHWs as BCNs
- To develop a model of care for BCNs working in refugee setting
- Explore the impact of involving BCNs for refugees
- Explore the cost-effectiveness of the intervention



Partners of the OPTIMISE study



National Advisory Group: *Cl Cheng*



Community Advisory Group: *Al Wahidi*



Thank you!



Questions or comments?

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Panel member discussion



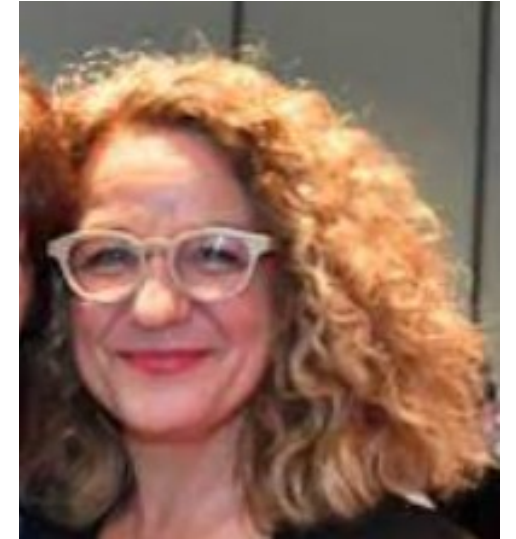
Dr Mitchell Smith, Director,
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Ms Sundus Yousif, SWSLHD
Bi-Lingual Community
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Lisa Woodland, Director,
South-Eastern Sydney Local
Health District



Vesna Dragoje, Health Care
Interpreter Service, Sydney
Local Health District



CPHCE Awards 2022



Individual Partnership Award 2022

**Dr Damian Conway, Population and Community Health
Directorate**



Organisational Partnership Award 2022

Waterloo Human Services Collaborative Group





Primary Care Award 2022

Dr. Tim Shortus, Broadway General Practice





Consumer Award 2022

Dr. Anthony Brown, Health Consumers NSW

