

## INQUIRY INTO THE ESTABLISHMENT OF A QUEENSLAND HEALTH PROMOTION COMMISSION

The South East Queensland Refugee Health Partnership Advisory Group is pleased to make a submission to the Parliamentary Inquiry into the establishment of a Queensland Health Promotion Commission. Membership of the SEQ Refugee Health PAG is contained in Attachment A.

This submission has been developed to complement a submission to this Inquiry led by MDA LTD and focuses on the following Terms of Reference of Inquiry:

1. That the Health and Ambulance Services Committee inquire into and report to the Legislative Assembly, by 12 May 2016, on:
  - b. **approaches for improving and sustaining health wellbeing, including;**
    - ii. **population-based strategies**, other than personal interventions delivered by telephone or ICT.
2. That, in undertaking the inquiry, the committee should consider:
  - d. **emerging approaches and strategies that show significant potential;**
  - f. **ways of reducing fragmentation in health promotion efforts** and increasing shared responsibility across sectors.

### **Approaches for improving and sustaining health and wellbeing, including: population based strategies**

The PAG is supportive of the development of population based strategies for improving health and well-being.

People of CALD and refugee backgrounds have a right to access health services in line with the right of any Australian resident. However, there are disparities in fulfilling this right. There is a significant body of research to attest to the fact that people from CALD have greater difficulties in accessing health services and experience reduced health outcomes as a result. A study undertaken by Griffith University reported that CALD groups often experience lower access to care, lower quality of care, and poorer health status and outcomes (Agency for Healthcare Research and Quality, 2000). The study also reported that there is a low uptake of preventive services by CALD people. The Federation of Ethnic Communities Councils of Australia (FECCA, 2009) states that these difficulties prevent CALD communities from taking an active role in their health care. People from refugee backgrounds especially experience lower access to care, lower quality of care, and poorer health status and outcomes.

It is the experience of the PAG that population level initiatives which improving functional and critical health literacy are important factors in improving health in CALD populations. Initiatives which build the knowledge and information available to the community need to be based in a framework of community engagement and trust.

### **Emerging approaches and strategies that show significant potential**

The South East Queensland Refugee Health Partnership Advisory Group is supportive of initiatives to build health capacity that are based in a strategy of community engagement.

*Good health.is..seen as an important resource for active engagement in a new society (Agar p 172)*

One such initiative is the Greater Brisbane Refugee Health Advisory Group or the Group of 8 (G8), now known as the South East Queensland Refugee Health Advisory Group to complement the nomenclature and scope of the SEQ Refugee Health PAG. The Mater UQ Centre for Primary Health Care Innovation established the G8 as a mechanism for building the health literacy of communities from refugee backgrounds. It is founded on a strategy of profound engagement with community that builds trust skill and resources. The approach simultaneously builds a bridge between communities and the health system building trust, skill and capacity in both.

This model builds health literacy in communities of refugee backgrounds through key health leaders. That is, it recognises the importance of building trust and engagement with communities while also conveying information through them to the community. The G8 have also played a significant role in training clinicians about the perceptions and needs of people from CALD and refugee backgrounds in a variety of clinical settings.

The approach drew heavily on the experience of the Community Navigator Model developed by Griffith University in 2011 and also the experience of community engagement adopted in the education sector in Victoria. An evaluation of the Logan CNM noted that it led to an improved understanding of primary health services among the CALD communities, including improved communication as a result of interpreted consultations, increased trust in the health system, greater knowledge about services and expanded cultural understanding within the health care system.

### **Ways of reducing fragmentation in health promotion efforts and increasing shared responsibility across sectors**

The South East Queensland Refugee Health PAG is an example of a partnership approach to building an integrated service delivery model that reduces fragmentation and increases shared responsibility across sectors.

The SEQ Refugee Health Partnership Advisory Group was established in 2013 in response to significant changes in health funding and changes in arrival patterns and health needs in the cohort of people from refugee backgrounds needing services. PAG is sponsored by the Mater Health Service Executive and is hosted by the Mater UQ Centre for Primary Health Care.

PAG member agencies share a strong commitment to working in collaborative partnership to improve the health outcomes from people from refugee backgrounds.

PAG was established initially in 2013 in response to the changes to Refugee Health Services in Brisbane and the broader changes to the Australian Humanitarian Program and asylum seeker policy. Key stakeholders came together to identify needs and to develop a strategic coordinated response within existing resources. There was a clear recognition that the health and well-being of people from refugee backgrounds is best addressed through a collaborative and integrated approach spanning tertiary primary and community based services. A shared vision was articulated, options were explored and trialed, services were pooled, and responsibility for outcomes jointly celebrated.

PAG has revised its terms of reference over its 3 years of operation and now has a wider area of interest to South East Queensland. More than 18 key health stakeholders are represented at meetings and this group is growing. It is comprised of senior managers of key

organisations and experienced clinicians. What has characterized the PAG has been a high level of trust and goodwill amongst partners. It has a flexible approach to membership and has been able to build strong external linkages. It enjoys the ongoing support and leadership of the Mater Health Service Executive.

PAG does not have a decision making role that is binding on members and each member organization is autonomous. It is an example of an “alliance” partnership that is fundamentally unified by a shared mission. It is designed to build a broad system response to manage the health access issues facing people from refugee backgrounds. PAG is not funded separately, nor does it have funding to distribute. It has collectively built a system response however including

- developing referral protocols;
- developing clinical guidelines;
- training of primary care clinicians;
- supporting consumer participation in service development;
- building health capacity in refugee and asylum seeker communities;
- giving input to the emerging refugee health and wellbeing policy development.

## APPENDIX A

## Membership of the South East Queensland Refugee Health Partnership Advisory Group

Organisation
Access Community Services Limited
Amparo
Australian Red Cross
Brisbane North PHN
Brisbane South PHN
Children's Health Queensland Hospital and Health Service – Child and Youth Community Health Service
Darling Downs West Moreton PHN
Gold Coast PHN
Mater Health Services: <i>Sponsor – Executive Director of Clinical Support Services</i> <i>Chair - Mater UQ Centre for Primary Health Care Innovation</i> Mater Refugee Complex Care Clinic Mater Integrated Refugee Health Service
Metro North Hospital and Health Service - Public Health Unit
Metro South Addiction and Mental Health Services
Metro South Hospital and Health Service - Public Health Unit
Metro South Refugee Health Service
Multicultural Development Association (MDA Ltd)

Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT)
Queensland Transcultural Mental Health
St Vincent's Private Hospital Brisbane
Toowoomba Refugee Health Service – Kobi House – Darling Downs Hospital and Health Service
West Moreton Hospital and Health Service