

**Submission to the Parliamentary Inquiry into the establishment of a
Queensland Health Promotion Commission**

27 November 2015



Introduction

The following organisations are pleased to make a submission to the Parliamentary Inquiry into the establishment of a Queensland Health Promotion Commission:

- MDA
- Queensland Council of Social Service (QCOSS)
- Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT)
- Health Consumers Queensland
- Organizations aligned to the South East Queensland Refugee Health Partnership Advisory Group (PAG) – membership at Attachment A

These organisations endorse the establishment of a Queensland Health Promotion Commission with a whole-of-government ambit, which can invest in strategies to improve health outcomes across all cultural and linguistic groups in Queensland by embracing strategies that empower health consumers to take active steps to improve wellbeing.

Additionally we share an interest in ensuring that such a Commission will undertake strategies that will be of benefit to people from a culturally and linguistically diverse (CALD) background, and people from a refugee background in particular. In this submission, we would like to present the reasons why the inquiry should give specific consideration to the needs and aspirations and the vulnerabilities and resilience, of this cohort, in establishing the scope and strategic direction of a Queensland Health Promotion Commission.

Background

The Chief Health Officer of Queensland's fifth report found that the diabetes death rate was 25 per cent higher for Queenslanders from non-English speaking backgrounds than for the Australian born population and that vaccine preventable hospitalisations were 20 per cent higherⁱ. These headline statistics are suggestive of important inequities, with specific effects on CALD communities.

Current data collection strategies do not allow us to present similar data for people from a refugee background specifically. Nonetheless, these individuals are most definitely at risk of poorer health outcomes. The reasons are manifold, and include pre-migration stressors that have an impact on health and wellbeing, such as:

- people from refugee backgrounds arriving under-immunised and needing to be connected to a primary health care provider to be seen for a full health assessment, including immunisation. At the national and state level there needs to be better registration and coordination for adult vaccination;
- chronic and other health conditions that have not been treated prior to arrival, or have been treated on an ad hoc basis;
- exposure to torture, sexual violence and other forms of trauma, with significant consequences for emotional as well as physical wellbeing;
- nutritional deficienciesⁱⁱ.

During settlement, people from a refugee background also face a number of barriers to accessing culturally appropriate health care. Murray and Skull cite an inadequately prepared workforce, legal

and economic barriers, cultural and language differences as ‘hurdles’ to health care for refugeesⁱⁱⁱ. The complexity of the Australian health system is another factor that impedes access, meaning that people from a refugee background are less familiar with available services and how to access them^{iv}.

Examples of health promotion activities

Health promotion is an essential plank in any strategy to address these problems. Since 2010, the organisations involved in this submission have been developing innovative solutions to these problems to:

- Build individual health literacy:
 - MDA has partnered with the then Greater Metro-South Brisbane Medicare Local, and now with Brisbane South PHN to deliver a validated health promotion activity, that is led by medical and allied health students from four Universities and oriented to people from a refugee background, *The Healthy Start Program*.
- Empower community leaders:
 - The Mater UQ Centre for Primary Health Innovation has supported the development of the Refugee Health Advisory Group, in which health leaders are resourced and supported to build bridges between health providers and refugee communities.
 - QPASTT and MDA run regular Community Leaders’ Dinners where issues related to health and mental health (among other relevant issues requested by leaders) are addressed, and resources developed in consultation with the leaders to support this empowerment.
- Reduce service gaps:
 - PAG was established in 2013 to support collaboration between health care providers and settlement and support services engaged with refugee communities.

Recommendations

The establishment of a Queensland Health Promotion Commission provides an important opportunity to address some of the factors which impede equitable access to health services, and build on the innovative strategies discussed above. Such a Commission could work to deliver culturally appropriate health information and thereby empower community members to achieve improved health outcomes. For these reasons we wish to endorse the establishment of such a Commission to strengthen and consolidate the Queensland Government’s commitment to health promotion.

Rather than respond in detail to all of the terms of reference for the inquiry, we would like to recommend that any Queensland Health Promotion Commission:

- Adopt a broad definition of health promotion that includes, but exceeds, the development of preventative strategies to reduce the incidence of chronic but preventable diseases, and is firmly located with reference to the World Health Organisation’s (WHO) Ottawa Charter for Health Promotion.
- Articulate a clear commitment to improving equitable access to culturally appropriate health services for all Queenslanders. This means that health promotion activities should also be designed in ways that are accessible to different CALD groups including people from a

refugee background. This could be achieved by providing a framework which supports coordinated health promotion that includes community, government and non-government participation in order to minimise inconsistent and fragmented health and mental health service delivery, and maximise access and culturally competent services.

- Develop and/or support targeted campaigns to address issues that have a particular impact on newly arrived individuals and families, and emerging communities with regards to health systems literacy. This process should ensure community participation at all levels to enable relevant and meaningful promotion that effectively address social determinants.
- Empower CALD and refugee community members and health consumers to actively participate in the design and delivery of health promotion activities.

The organizations referenced in this submission all support the establishment of a Queensland Health Promotion Commission, and feel that the work and impact of such a commission would be enhanced by incorporating the concerns of people from CALD backgrounds, and in particular, from a refugee background, within its scope and strategic direction. We look forward to being part of further consultations on this subject.

Attachment – A**Membership of the South East Queensland Refugee Health Partnership Advisory Group**

Access Community Services Limited

Amparo

Australian Red Cross

Brisbane North PHN

Brisbane South PHN

Darling Downs West Moreton PHN

Gold Coast PHN

GP representative

Mater Health Services

Mater Health Services Executive Director of Clinical Support Services (sponsor of PAG)

Mater UQ Centre for Primary Health Care Innovation (Chair)

Mater Refugee Complex Care Clinic Mater Integrated Refugee Health Service

MDA Ltd

Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT)

St Vincent's Private Hospital Brisbane

ⁱ Queensland Health 2014 *The Health of Queenslanders 2014: Fifth report of the Chief Health Officer Queensland*. https://www.health.qld.gov.au/cho_report/2014/cho-2014.asp accessed 23/11/15

ⁱⁱ Please see the following resources for more detailed information: Cheng I-H, Russell GM, Bailes M, Block A (2011). An evaluation of the Primary Healthcare needs of refugees in South East Metropolitan Melbourne. A report by the Southern Academic Primary Care Research Unit to the Refugee Health Research Consortium. Melbourne: Southern Academic Primary Care Research Unit; Prevalence of chronic morbidities in newly arrived refugees: a preliminary study (Cited in Refugees and Primary Health (RaPH) Project: Final Report (May 2011). Mater UQ Centre for Primary Health Care Innovation

ⁱⁱⁱ Murray, Sally B and Skull Sue A (2005). Hurdles to health: immigrant and refugee health care in Australia, *Australian Health Review*. Vol. 29, No. 1

^{iv} Lamb, Catherine Finney and Smith, Mitchell (2010). Problems refugees face when accessing health services. *NSW Public Health Bulletin*. Vol. 13, No. 7, 161-62.