

Enhancing health literacy strategies in the settlement of migrant and refugee women

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MIGRANT & REFUGEE
WOMEN'S HEALTH PARTNERSHIP

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Contents

Introduction	2
Purpose of the report	4
Migrant and Refugee Women’s Health Partnership	6
The need for a strategic framework	8
Health and health system literacy needs of migrant and refugee women	10
Examples of existing practices that facilitate health literacy and health system literacy for migrants and refugees	12
Pre-arrival services for refugees	12
Settlement services for refugees	13
Orientation	13
Individual orientation classes	14
Navigation support for health screening and promotion	14
Individualised case management	15
Group-based education and training sessions	15
Support groups	16
Community and primary health services for migrants and refugees	16
Refugee women-targeted health literacy programs	17
Health literacy programs for migrant women	18
Targeted and issue-specific health education programs	18
Multilingual health resources	20
Targeted and issue-specific resources for migrant and refugee women	21
Key observations	22

Introduction

As Australia's health care system increasingly shifts to a consumer-driven approach, individual health literacy and the capacity to understand and navigate the health system (health system literacy) become critically important. The Australian Commission on Safety and Quality in Health Care (ACSQHC) defines individual health literacy as "the skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and health care and take appropriate action".¹ Health system literacy is an understanding of the different types of health care available and how to access them. This may include population health and prevention, general practice and community health, emergency health services and hospital care, allied health or specialist services, public and private hospitals, and rehabilitation and palliative care. It also includes access to various health services such as diagnostic tests, specialist consultation, hospital admission, and access to medicines and prescriptions.

Low individual health literacy and health system literacy impact on tasks such as comprehending dosage instructions on medicine packages, understanding healthy living and ageing well messages, and affect whether people seek preventive approaches like screening, diagnostic tests or vaccines.

Low individual health literacy and health system literacy are associated with higher levels of chronic disease, higher rates of hospitalisation and emergency care, and poorer health status generally.² It is estimated that only about 40 per cent of adults have the level of individual health literacy needed to meet the complex demands of everyday life.³

Factors affecting health literacy include an individual's age, gender, education, income, employment status and health status. These issues are compounded for migrants and refugees who arrive in Australia with little knowledge of our health system and services; who may have limited trust of health service providers arising from their pre-arrival experiences; and who experience language barriers that can result in miscommunication, misdiagnosis, and lack of appropriate follow-up. There are also a range of cultural and religious considerations impacting on migrants' and refugees' health literacy and expectations, including health beliefs and help seeking behaviours.

1 Australian Commission on Safety and Quality in Health Care, *National Statement on Health Literacy: Taking action to improve safety and quality*, 2014.

2 *ibid*; Australian Bureau of Statistics, 'Health Literacy', 4102.0 — *Australian Social Trends*, June 2009; Paula Peterson, Donata Sackey, Dr Ignacio Correa-Velez, Dr Margaret Kay, *Building trust: Delivering health care to newly arrived refugees*, Refugees and Primary Health (RaPH) project: Mater UQ Centre for Primary Health Care Innovation; Dr Iolanda Principe, *Issues in Health Care in South Australia for People from Culturally and Linguistically Diverse Backgrounds: A Scoping Study for the Health Performance Council*, September 2015.

3 *ibid*.

As compared to the Australia-born population, migrants and refugees experience a range of additional complexities with regard to bridging their health literacy and health system literacy gaps. Within these communities, migrant and refugee women require a dedicated focus, as they experience greater vulnerability, with particularly low levels of health literacy often influenced by cultural factors. The sensitive nature of various women's health-related topics in some cultures provides an additional layer of cultural and gender complexity.

Following a three-year research project on the unique health information needs of migrant groups, Jean Hailes for Women's Health noted that "many migrant groups in Australia suffer poorer health than the Australian-born population with evidence showing that the lack of culturally appropriate health information may be one of the contributing factors".⁴

Improving health literacy of this cohort should go beyond access to information and focus on ensuring that people have the confidence, support and resources to manage their health.⁵

A recent project by Health Issues Centre and the Victorian Refugee Health Network to identify health information needs of refugee communities, to what extent they are addressed through existing health information, and that information's accessibility found that, while there is an abundance of health information available for refugee communities, there is a disproportionate lack of awareness in the community about the information.⁶

The reasons for this gap included: difficulty for communities to navigate translated information directories, low literacy levels including in the first language, lack of digital access and literacy, preference for face-to-face information, lack of cultural appropriateness in the resource design, complexity of concepts which do not translate directly into other languages, limited understanding of what information can be trusted, and lack of confidence in utilising helplines.⁷ The outcomes of the project emphasised the importance of offering information in a variety of ways — without limiting it to the text or online resources — and utilising other strategies, such as involving community in the design and delivery of approaches, engaging interpreters and bilingual/bicultural workers, and including health literacy communication in areas beyond health settings.⁸

4 Jean Hailes, *Multilingual resources*, <https://jeanhailes.org.au/health-professionals/multilingual-resources>

5 Riggs E, Yelland J, Duell-Piening P, Brown S J, *Improving health literacy in refugee populations*, MJA 204(1), January 2016.

6 Health Issues Centre and Victorian Refugee Health Network, *Working together to improve health literacy of women from refugee backgrounds*, August 2017.

7 Ibid.

8 Ibid.

Purpose of the report

This report was prepared by the Secretariat of the Migrant and Refugee Women's Health Partnership (the Partnership) following an extensive consultation with settlement organisations and community organisations working with migrants and refugees to enhance their health literacy and provide health system navigation support.

The Partnership was supported by the Australian Government, Ramsay Health Care Australia, Queensland Government, and Migration Council Australia to undertake this work.

The Partnership's objective in undertaking this project was to inform enhanced health literacy and health system literacy strategies in settlement, and to support partnerships between settlement, community and healthcare services in this regard. This work directly targets one of the key objectives of the Partnership — working collaboratively to enhance targeted communication and outreach in health literacy and health promotion. There is a particular focus on women within the scope of this work. Women are critical influencers in bridging the gaps in health status and outcomes for migrant and refugee communities. Improving the health and health literacy of women has a direct positive impact on family care and community health.

Specifically, the report seeks to develop an understanding of the role settlement organisations and programs play in supporting refugees and other migrants through health literacy and health navigation support;

how they interact and collaborate with the health sector and community health services in this regard; and scope prospective strategies to enhance the settlement and health sectors' response to promote health literacy and health system literacy among migrants and refugees, with a particular focus on women.

The report is informed by a series of community consultations with refugee women on their access to, and experience of, health care. In collaboration with settlement organisations, the Partnership held a series of consultations in Adelaide, South Australia — with the Australian Migrant Resource Centre, and in Logan, Queensland — with Access Community Services. The consultations reached over 50 women from Syrian, Iranian, Sudanese, Iraqi, Afghan, Ethiopian, Bhutanese, Ghanaian, Bangladeshi, Burundian, Malaysian, Rwandan, Burmese, Indian, and Filipino backgrounds, including those who arrived in Australia recently and those who have been in Australia for two to ten years. The consultations provided the opportunity to better understand the issues refugee women experience when accessing health care services, as well as their health care, health literacy and health system literacy needs and concerns, and to then identify strategies that may address such needs, including enhanced health orientation as part of the settlement program.

A targeted consultation process was undertaken to capture good practice in delivering health literacy and health system literacy to migrants and refugees in the settlement process; and to

develop an understanding of how settlement organisations and programs interact and collaborate with the broader health sector and community health services in this endeavour. Specifically, the consultation sought to scope existing initiatives developed and implemented by settlement organisations around health literacy and health system literacy through both settlement orientation and integrated support mechanisms. The consultation process was particularly focused on identifying appropriate touch points, timelines and formats.

Throughout 2017, the Partnership Secretariat approached settlement and community organisations to seek their views on refugee and migrant health and health system literacy needs and programs. This report captures their feedback and insights reflecting on an individual's settlement journey: from pre-arrival, to arrival, to ongoing settlement support. The consultation findings seek to map pathways and touchpoints for refugee and migrant health and health system literacy. A substantial part of the information collated in this report was provided by former Humanitarian Settlement Services (HSS) providers — some of whom continue as Humanitarian Settlement Program (HSP) service providers following a Commonwealth Government restructure of the services.⁹

Further, the report reviews some of the existing health literacy and health system literacy programs, as well as health information resources, developed and delivered by community-based health services.

The report does not attempt to provide a comprehensive review of such programs. Instead, it seeks to showcase examples of such initiatives that can further inform strategies to enhance the health literacy of migrant and refugee communities.

The Partnership is grateful to the migrant and refugee women who participated in the consultations and discussed their experiences of interaction with the health care system. The Partnership also thanks the settlement and community organisations for their contributions to the consultation, and for generously sharing their insights.

The Partnership will work closely with the relevant stakeholders, including the Harmony Alliance — the national migrant and refugee women's alliance — to progress the key observations of this review.

It is hoped that this report will serve as a useful resource and evidence base to inform the collaborative development of strategic directions and practical initiatives aimed at enhancing the health literacy of Australia's migrant and refugee women and promoting positive community health outcomes.

⁹ The Humanitarian Settlement Services (HSS) and Complex Case Support programs were replaced by the Humanitarian Settlement Program (HSP) on 30 October 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 health care 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 Partnership's focus area of the health literacy of migrants and refugees was primarily informed by the Sub-Working Group on Refugee Women's Health.

The members of the Sub-Working Group are:

- **Associate Professor Jacqueline Boyle, Chair**
Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- **Ms Sue Casey**
Foundation House — The Victorian Foundation for Survivors of Torture
- **Dr Ruth De Souza**
Australian College of Nursing
- **Dr Kym Jenkins**
Royal Australian and New Zealand College of Psychiatrists
- **Dr Margaret Kay**
Royal Australian College of General Practitioners
- **Ms Gail Ker**
Access Community Services
- **Mr Evan Lewis and Ms Caroline Humphreys**
Australian Government
Department of Social Services
- **Ms Jacquie McBride**
Monash Refugee Health and Wellbeing

- **Ms Violet Roumeliotis and Dr Astrid Perry**
Settlement Services International
- **Ms Danielle Rule**
Australian College of Nursing
- **Ms Catherine Scarth and Dr Melika Yassin
Sheikh-Eldin**
AMES Australia
- **Dr Mitchell Smith**
NSW Refugee Health Service
- **Ms Eugenia Tsoulis**
Australian Migrant Resource Centre
- **Ms Suzanne Willey**
Australian College of Nursing

The need for a strategic framework

Improving health literacy and health system knowledge of migrant and refugee population could be supported through an enhanced national strategy.

While ACSQHC's *National Statement on Health Literacy* notes that there is a likelihood of greater barriers to health and health systems literacy for people who speak a language other than English, it does not propose any actions to combat this challenge.¹⁰ The Australian Government's *Multicultural Statement* reinforces the commitment to support new arrivals to become self-reliant and active participants in society,¹¹ and the National Settlement Framework names Health and Wellbeing as one of nine priority areas, but does not refer to health literacy.¹²

The National Youth Settlement Framework recognises the challenges experienced by young people trying to understand and navigate an unfamiliar health system, but does not address health literacy.¹³

The National Settlement Services Outcome Standards acknowledge the importance of settlement services in encouraging health and wellbeing of settlement services clients (National Settlement Services Standard 3: Health and Wellbeing). Its key indicators include that "Support and education is provided to assist new arrival communities to navigate the Australian health systems and to understand their rights" and that "Services include preventative measures aimed at promoting increased awareness about health and wellbeing during settlement and early responses to problems that arise."¹⁴

State and Territory Governments are increasingly recognising both the benefits of their culturally and linguistically diverse communities and the challenges this diversity presents in the provision of social services, including health. New South Wales and Queensland have developed specific frameworks and policies to identify and address challenges regarding health literacy in vulnerable diverse groups. Both policies recognise the major barriers faced by culturally, religiously and linguistically diverse communities. Notably, neither policy identifies women as a separate priority group within the targeted communities.

10 Australian Commission on Safety and Quality in Health Care, *National Statement on Health Literacy: Taking action to improve safety and quality*, 2014.

11 *Multicultural Australia – united, strong, successful*, Australian Government's Multicultural Statement, June 2017.

12 National Settlement Framework.

13 Multicultural Youth Advocacy Network (MYAN), *National Youth Settlement Framework: A national framework for supporting the settlement of young people from refugee and migrant backgrounds in Australia*, March 2016.

14 Settlement Council of Australia, *National Settlement Services Outcome Standards*, June 2015.

The *NSW Health Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012–16* sets “the statewide direction for improving the health of NSW residents from backgrounds which are culturally, religiously and linguistically diverse.”¹⁵

The Queensland Government has similarly produced the *Refugee Health and Wellbeing: A Strategic Framework for Queensland 2016*¹⁶, and its accompanying *Policy and Action Plan 2017–2020*¹⁷; however, these are more closely focused on the health and wellbeing of refugees and people with refugee-like experiences.

The NSW framework prioritised ensuring that “communications capacity and quality continues to develop to improve the health literacy and wellbeing of culturally, religiously and linguistically diverse communities”.

The accompanying strategies focused on increased awareness of, and access to, interpreting services, and enhanced quality assurance for the development of multilingual resources.

The Queensland framework focuses on two priority areas for enhanced action on health literacy — use of interpreting services and engagement with the community — with actions seeking to enhance multicultural health web content to support better access to services and health literacy, and invest in community engagement structures that increase skills and capacity of the community to articulate their needs and views with regard to health policy, health literacy and health service development.

15 NSW Health, *NSW Health Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012–16*, 2012, p.5.

16 QLD Health, *Refugee Health and Wellbeing: A strategic framework for Queensland 2016*, March 2016.

17 QLD Health, *Refugee Health and Wellbeing: A Policy and Action Plan 2017–2020*, April 2017.

Health and health system literacy needs of migrant and refugee women

The Partnership's consultations with migrant and refugee women with regard to health and health system literacy focused on:

- Health system knowledge gaps that require particular attention;
- Impact of the length of time since arrival on confidence in navigating the system;
- Key sources of information on health and the health care system; and
- What, and at what points in the settlement journey, would be helpful to improve women's knowledge and understanding of the health care system.

The outcomes of the consultations are consistent with the broader research on this subject. Women reflected on the impact of their diverse social and personal experiences and determinants, including pre-migration experiences, on their health literacy and health system knowledge. Some knowledge gaps identified in relation to health system literacy include the role of GPs, ambiguity about the private and public health systems, and uncertainty regarding their rights in the health system. In terms of health literacy gaps, preventative health concepts and women's health issues were identified as areas of particular challenge.

Significant knowledge gaps, particularly among recently arrived women, were noted with regard to the process involved in seeing a specialist in Australia and related wait times. Women were confused about the need for a GP referral in order to see a specialist, as this is not the case in many other countries. It was a common fear that their health conditions would worsen due to long delays between GP and specialist appointments.

Women were broadly aware about the differences between the public and the private system, with expeditiousness being the key identified feature of the private system. There were, however, knowledge gaps with regard to informed financial consent, with women occasionally not understanding that they needed to pay fees and being confused about the fees. Bulk billing was identified as a particularly difficult concept.

Additional information gaps related to women not knowing and understanding their rights as consumers in the health care system. Many did not have the confidence to be active participants in their health care, for example, by enquiring about their treatment or care plan, or requesting a chaperone or a female interpreter for a women's health related consultation. Women also did not know that they could request a longer GP appointment if required.

When choosing a GP, women relied on information from the Internet, word of mouth, their caseworker or a friend. Some did not feel informed about the possibility of changing a GP. There was confusion, particularly among more recently settled women, about the right to an interpreter when seeing a health practitioner, and whose responsibility it was to organise interpreting services. Women who had been in Australia for several years were more likely to know about their right to an interpreter.

The women in the consultations noted an overall lack of literacy with regard to general sexual and reproductive health check-ups, as well as maintaining health postpregnancy, and pointed out the challenges in communicating such information.

Finally, women noted their limited knowledge of preventative health concepts, such as 'healthy eating' — the women consulted felt that healthy eating was a big issue, but one on which they received little or no information. Women reflected that it was common for them to experience weight gain upon settlement in Australia and, despite the overall agreement about the importance of healthy eating, women did not feel they could maintain a balanced diet within their budgets.

Examples of existing practices that facilitate health literacy and health system literacy for migrants and refugees

Australia's refugees can participate in the Australian Cultural Orientation Program and the Humanitarian Settlement Program Orientation. Beyond these programs, settlement organisations, and community and primary health services have adopted a wide range of approaches to address health literacy and health system literacy in the migrant and refugee communities they serve. Such models seek to meet local community needs, circumstances, priorities and capacity, and on occasion are particularly focused on migrant and refugee women.

Migrants and refugees obtain health and health system literacy information through various means at different times in their migration process:

- Pre-arrival information sessions for refugees;
- Settlement services for refugees;
- Community and primary health services for migrants and refugees; and
- Multilingual health resources.

Pre-arrival services for refugees

The Australian Cultural Orientation Program (AUSCO)¹⁸ is provided to Refugee and Special Humanitarian Program entrants over the age of five years prior to their departure to Australia.¹⁹ AUSCO seeks to present a realistic picture of life in Australia and provide participants with the basic skills necessary to achieve self-sufficiency. The course is designed to give participants confidence and independence in starting their new lives in Australia, and covers an overview of Australia, settlement services, housing, health, money, education, employment, law and travel to Australia.

18 Department of Social Services, *The Australian Cultural Orientation (AUSCO) Program*, <https://www.dss.gov.au/settlement-and-multicultural-affairs/programs-policy/a-multicultural-australia/the-australian-cultural-orientation-ausco-program>

19 The Department of Social Services currently contracts the International Organization for Migration (IOM) to deliver the program. Courses are offered in four regions—Africa, South Asia, South East Asia and the Middle East—with additional courses provided in other locations as needed. The program is presented in an informal and interactive manner, with a focus on activities including brainstorming scenarios, problem solving and role-playing. Program participants receive written material that is designed to help support learning and provides advice about the different types of health care in Australia. The written material is available in ten languages and AUSCO is in the process of developing written material for pre-literate and non-literate refugees.

The AUSCO three-page Health pamphlet²⁰ provides information about Australia's health system, including Medicare, GPs, specialist care, hospitals, pharmacists and My Aged Care. The pamphlet explains Australia's system for paying for medical care, referring to Medicare, bulk billing, scheduled fees and private health insurance. The pamphlet provides contact information for the free translating and interpreting services, specialist torture and trauma counselling services, and further links to information about disability services and mental health counselling. It concludes with some brief tips for staying healthy.

Trainers provide participants with available reference material and speak about what services are available to clients and how to better negotiate the Australian health system. It is observed by the AUSCO program providers that participants in the program often hold expectations that all health services in Australia are free.

Settlement services for refugees

Orientation

Orientation is a key component of the Humanitarian Settlement Program (HSP) and is designed to assist refugee and humanitarian entrants with "the basic skills and knowledge that will allow participants to independently access services, and to progress along their settlement journey."²¹ HSP Orientation is a nationally standardised and outcomes-based approach, with a curriculum framework specifying core settlement topics, key outcomes and achievement standards.

It is commenced within two to six weeks of the refugees' arrival in Australia and delivered by HSP service providers over the first 12 months of settlement.

Health is one of the core settlement topics, with the key outcomes sought being that participants are aware of the following:

- That they are required to complete health checks upon arrival in Australia;
- That health services in Australia treat physical and mental health conditions;
- The different functions of Health Care and Medicare cards;
- Services provided by different health care providers, e.g. hospital emergency departments, GPs and counselling services;
- How health services are charged in Australia, including bulk billing;
- That children must be immunised before they can attend school; and
- How to locate and make use of the appropriate health services (with the support of interpreters, family or support agencies if necessary).

The curriculum framework maintains a broad focus, without setting priorities around women's health within it. Furthermore, it does not prescribe implementation and assessment strategies, instead it provides for facilitators to adopt strategies and delivery most appropriate to local contexts. A Guide to Practice provides guidance on teaching principles and strategies, specifies general conditions for learning, and outlines assessment principles and strategies.

20 Australian Cultural Orientation Program, *Health*, https://www.dss.gov.au/sites/default/files/documents/12_2016/dss0520_ausco_pamphlet_6_health_new_logo_v1.pdf

21 Department of Social Services (DSS), *Humanitarian Settlement Program Orientation Facilitators' Guidelines*, Appendix G, https://www.dss.gov.au/sites/default/files/documents/03_2017/appendix_g_-_hsp_orientation_facilitators_guideline_-_28_february_2017.pdf

As such, all orientation programs run by settlement service providers use the HSP Orientation curriculum framework and include a dedicated session on health and understanding the Australian health system; some providers have incorporated a specific women's health component. However, current HSP and former HSS providers have utilised a variety of strategies and programs to implement the HSP Orientation curriculum framework, including:

- Individual orientation classes;
- Referral to health screening and promotion;
- Individualised case management;
- Group based education and training sessions;
- Support groups; and
- Settlement service partnerships with health care service providers.

While settlement agencies are the frontline of support for newly arrived refugees and in some cases migrants, many have fostered important links with other organisations, and particularly health care providers, to enhance their clients' health care and health and health system literacy. Some of these initiatives are more formal partnership arrangements supporting the delivery of particular programs.

Individual orientation classes

One approach, adopted by Migrant Resource Centre (MRC) Northern Tasmania, is to provide refugees with home-based and contextual modules upon arrival, before moving on to group sessions three months after arrival. The home-based training would include an information session on health, delivered a few days after arrival and covering Medicare, clinic appointments and mental health services.

Contextual, experiential training, delivered from arrival over a few months, would comprise:

- Applying for Medicare number and card with client;
- Explaining use of Health Care Card (clinic, hospital and pharmacy);
- Using the health system — GPs and hospital (making and keeping appointments, punctuality);
- Using Medicare card, buying prescriptions at pharmacies;
- Introducing refugees to torture and trauma counselling services; and
- Connecting refugees with GPs.

Access Community Services in Queensland also provides individual orientation classes which include a specific session on health and the health care system, covering the following topics:

- How to make appointments;
- Explaining the Australian health care system;
- Health scenarios and picture stories; and
- Men's and women's health topics.

Some of the classes would involve a specific women's health section where the men are asked to leave for a short time.

Navigation support for health screening and promotion

Soon after arrival, refugees are supported in navigating the system for screening and referral purposes. Screening for post arrival health needs is often undertaken in partnership with local community health services.

In NSW, Settlement Services International (SSI) would routinely refer new arrivals to the NSW Refugee Health Service for a comprehensive health assessment, including assessment of emotional distress and mental health using the RHS-15 tool, and referral to the local torture and trauma counselling service.

NSW Refugee Health Service runs a health information program for refugees covering a range of topics including introduction to the NSW public health system, oral health and smoking cessation, and a nutrition program focused on healthy eating for adults and kids. The program is supported by translated resources, including a NSW Health Care System Information Booklet and the Health Services Directory — Sydney, South West and Western Sydney.

The settlement provider would also inform newly arrived refugees of existing local health programs organised by the Multicultural Health Units at the Local Health Districts in metropolitan Sydney.

Similarly, in South Australia, the Australian Migrant Resource Centre (AMRC) would implement a public/private health referral model of prevention and intervention for new arrivals, in partnership with the Migrant Health Service, the Dental Clinic, pharmacies and disability services to deliver health services on arrival.

Individualised case management

The individualised case management approach is a key feature of the HSP framework.²² During the initial settlement period, case managers within settlement service organisations act as a coordinator for clients to access appropriate health services, while also building their confidence to navigate these services themselves.

As part of their case management support, MRC Northern Tasmania would organise a series of health appointments at the Refugee Primary Health Clinic, and their case managers would remain in regular contact with doctors and nurses on behalf of their clients with regard to care co-ordination, referrals and appointments. After the initial appointments, case managers would seek to refer clients to GPs for ongoing health management.

In Queensland, Access Community Services caseworkers would refer refugees to the Refugee Health Clinic and take them to their local GPs for their first visits.

In Victoria, AMES Australia caseworkers would facilitate initial health assessments and referrals for refugees, usually with Monash Refugee Health and Wellbeing in Dandenong, the Refugee and Migrant Health Service at the Royal Children's Hospital, or with refugee nurses and fellows at the Royal Melbourne Hospital.

Group-based education and training sessions

In addition to individual case management support, settlement services have developed group training components to complement the initial individual information sessions and to help refugees further familiarise themselves with the Australian health care system and context.

Group training, such as that delivered by MRC Northern Tasmania, would comprise a series of one-hour sessions on a range of set topics. Two of the sessions focus on health: *Australian Health Systems* and *Staying Healthy*.

²² Within three weeks of arrival in Australia, a case manager conducts a detailed needs assessment and develops a case management plan. This case management support remains in place for approximately 6 to 18 months, until the client has achieved the outcomes set out in their case management plan, reflecting a basic level of autonomy and independence.

Australian Health Systems covers:

- Medicare;
- Family doctors;
- GPs and mental health;
- Youth mental health services;
- Making a GP appointment using interpreting services;
- Emergency department;
- Advocating for your health; and
- Medication and prescriptions.

Staying Healthy explores topics such as healthy lifestyle, nutrition — salt, fats and oils, sugar, taking care of children's teeth, sun and Vitamin D, and mould.

A range of tools and teaching methods would be utilised, including PowerPoint, DVDs, role plays, and scenarios. The group training would be delivered in two age streams — 15–17 years, and 18+ years — and only on rare occasions separate male and female streams would be held.

Access Community Services in Queensland would conduct group education covering basic life skills around health, mental health and accessing services. All health-related sessions would be facilitated by external organisations except mental health and nutrition.

Support groups

Support groups have also been found to be an important mechanism for encouraging a sense of belonging and participation.

This could be in the form of regular women's support groups, such as those run by Settlement Services International in NSW, where a variety of topics including health and wellbeing would be discussed. Regular activities and outings would also be organised, in partnership with different services, aimed at reducing isolation and improving mental health and wellbeing of refugees.

Community Hubs provide the opportunity to facilitate support group activities.²³ In Queensland, where the Community Hubs Program is coordinated by Access Community Services, service providers are brought in on an 'as-needed' basis to run health-related programs such as FoodRedi (a nutritional program run by Red Cross), oral health outreach, immunisation clinics, child health clinics, and speech therapy

Community and primary health services for migrants and refugees

Various State and Territory or local government agencies, community organisations and health care providers run health literacy and health system literacy programs for migrants and refugees.

These are occasionally delivered in partnership with settlement organisations. Some health service organisations have partnered with the Adult Migrant English Program (AMEP) providers to facilitate health literacy and health system literacy talks during their English classes.

An example of a particularly innovative partnership *Healthy Start* — a Queensland-based preventative health education project delivered by medical and allied health students working with newly arrived refugees in order to increase their health literacy. It is delivered jointly by a committee of students in HOPE4HEALTH (Griffith), M.A.D. (BOND), TIME (UQ) and Santé (JCU), with assistance from settlement agencies, Primary Health Networks, refugee health services and GPs around Brisbane.

²³ Community Hubs support migrant and refugee women and their pre-school children to develop school readiness skills, navigate the education system and to build parents' capacity to support their children's learning.

The project is based on a one-day health information and education program for newly arrived refugees, with teaching modules including:

- General health;
- Nutrition;
- Using GPs and hospitals;
- Men's health; and
- Women's health.

Healthy Start delivers important and authoritative health literacy information to refugees, while also providing the students with the practical cross-cultural and teaching skills.

Further, a range of health information programs target:

- Refugee and migrant women; and
- Specific health issues and specific ethnic communities.

Refugee women-targeted health literacy programs

The NSW Refugee Health Service facilitates the *Refugee Women's Health Project*, which seeks to assist refugee women in increasing their health system literacy by developing their capacity to access local health services, and improving their health literacy in relation to cancer screening, maternal health and nutrition

The project has collaborated with health and settlement services in South Western, Western and Sydney Local Health Districts, including on the following:

- Consultations with refugee women's groups on health issues and information needs;
- Information sessions on women's health issues and other general health conditions, in partnership with various health and settlement services; and

- Group cervical and breast cancer screenings for refugee women in partnership with BreastScreen NSW, Family Planning NSW and women's health services.²⁴

One-off women's health sessions are delivered to newly arrived refugee women. The presentations include practical advice about prevention, symptoms and treatment of various conditions, as well as contact information for cervical and breast screening services. The sessions are usually supported by a bilingual community educator and cover topics including:

- Importance of women's health;
- Preventative health;
- Women and heart disease; and
- Cancers in women, particularly cervical and breast cancer, and screening.

Additional information sessions are delivered to refugee women on health and health system literacy based on direct consultation with women and on research on issues faced by refugee women in relation to health and health care prior to and at resettlement. These sessions also employ bilingual community educators.

24 NSW Refugee Health Service, *Refugee Women's Health Project*, <https://www.swslhd.health.nsw.gov.au/refugee/women.html>

Health literacy programs for migrant women

Community services have also developed a range of community education and information sessions that are focused on a broader migrant women's audience, extending beyond refugee women.

Bilingual Community Education Program — a NSW-based program run jointly by the South Western Sydney Local Health District's Women's Health and Health Promotion Unit and the Western Sydney Local Health District's Multicultural Health Unit comprises multiple sessions on topics, including:

- Living well in the middle years;
- Women growing older;
- Family harmony and healthy relationships;
- Women and children growing together in a new country;
- Healthy eating and physical activity;
- Diabetes awareness;
- Cervical screening; and
- Breast health and breast screening.

Multilingual Health Education Program is a Victoria-based program for women from migrant and refugee backgrounds run by the Multicultural Centre for Women's Health (MCWH) and includes:

- *Industry Visits Program* — a flexible health education program for workplaces conducted over a seven-week period, with a different health topic covered each week; and
- *Community Workshops Program* — a program that delivers health education sessions at various locations where women gather, including community health services, neighbourhood houses, schools, senior citizens clubs and other social clubs.

AMES Australia works with MCWH to run the program with a focus on women's health, reproductive health, and breast and colon screening.

Women's Empowerment Program is a health and wellbeing literacy program targeting women from specific ethnic groups and/or at risk over the first five years of settlement, run by AMRC in South Australia in partnership with key health and allied service providers such as the Women's and Children's Hospital, community health centres, Migrant Women's Supported Accommodation, the Female Genital Mutilation program, and SHINE SA — Sexual Health Information Networking and Education.

Access Community Services runs periodic sessions on women's health in Queensland as part of *Women of Worth*,²⁵ or as stand-alone sessions.

Targeted and issue-specific health education programs

Some community-based programs focus on specific health issues and target specific ethnic communities, in view of their lower rates of participation in screening. Similarly, some are delivered in partnership with settlement organisations.

In Queensland, mental health wellbeing and literacy sessions are run by Access Community Services in partnership with the Multicultural Centre for Mental Health and Wellbeing (Harmony Place). The sessions include information on where and how to access appropriate mental health support services.

In Victoria, drug and alcohol information and literacy sessions are run by AMES Australia in conjunction with not-for-profit community health organisation cohealth.

²⁵ A program delivered at the Community Hubs and comprising activities and classes, including craft, financial literacy, playgroups, cooking and physical education.

The sessions outline alcohol and drug issues in the community, how to manage alcohol and drug use, and provide details about counselling or recovery programs.

There is particular focus in such targeted programs on cancer screening and awareness, and reproductive and sexual health literacy.

Cancer screening and awareness

Cancer screening to increase early detection among migrant and refugee women has been identified as a key health and wellbeing issue.

The NSW Refugee Health Service's *Refugee Women's Health Project* — in partnership with Cancer Institute of NSW, BreastScreen NSW, and Cancer Council NSW — has conducted a number of one-off programs aimed at raising awareness of cancer screening and prevention.

Breast Care Awareness among Older Refugee Women Project is a project aimed to increase awareness of the importance of breast health and regular breast screening among Afghan, Assyrian, Chaldean, Iraqi and Mandaean women in Western Sydney.

The information sessions were supplemented by the promotion of key messages in ethno-specific radio programs and newspapers.²⁶

Combating Cervical Cancer Project is a project sought to increase Karen women's awareness of cervical cancer and its prevention. The Project comprised community education sessions, the opportunity to undertake a Pap test in a group screening where women were supported by a Karen Bi-lingual Community Educator and a Karen interpreter, and the development of a written resource in Karen that provided basic information about cervical cancer, including risk factors, symptoms and preventative practices.

26 NSW Refugee Health Service, *Breast Care Awareness among Older Refugee Women Project*, <https://www.swslhd.nsw.gov.au/refugee/breast.html>

The booklet included simple illustrations, photos of Karen women, and photos of a 'mock' Pap test so that women would know what to expect during a test.²⁷

Talking about the Big C: Raising Cancer Awareness in the Rohingya community is a project aimed to identify the Rohingya community's cancer information needs and increase community awareness about cancer, and included face-to-face interviews of Rohingya men and women, and education sessions on cancer prevention and nutrition.²⁸

In Victoria, the Multicultural Women's Health Centre supported by AMES Multicultural and Cancer Council, has run occasional sessions on breast, cervical and bowel cancer screening.

Reproductive and sexual health literacy

General sexual health literacy, including prevention of sexually transmitted infections and access to contraceptives, is an important area of focus for all women, which poses additional cultural complexities for migrant and refugee women. Further, specific experiences such as FGM, forced marriage, torture and trauma, or sexual violence within migration pathways are of particular relevance to some migrant and refugee women.

Women's Health and Traditions in a New Country is a program delivered as part of the NSW Education Program on FGM. The involves 11 sessions conducted by bilingual community workers and focuses on health issues relating to FGM and NSW laws on FGM.

27 NSW Refugee Health Service, *Combating Cervical Cancer – An awareness-raising initiative with Karen women*, August 2010, https://www.swslhd.nsw.gov.au/refugee/pdf/Final_Report_2010.pdf

28 NSW Refugee Health Service, *Talking about the Big C: Raising Cancer Awareness in the Rohingya community Project*, <https://www.swslhd.health.nsw.gov.au/refugee/women.html>

The program seeks to explore individual cultural contexts and create a safe and comfortable environment in which women can consider their own experiences.²⁹

One-off sessions on a range of sexual and reproductive health topics are delivered to migrant and refugee women by Family Planning NSW:

- Menstruation;
- Contraception and safe sex;
- Sexually transmitted infections; and
- Puberty (offered to parents).

Introduction to Reproductive Sexual Health Literacy is a program developed by Queensland's True Relationships & Reproductive Health and comprising community education sessions targeting migrant and refugee women.

Multilingual health resources

It is widely recognised that people whose first language is not English may struggle in comprehending English-based health information. The availability of health information in languages of migrant and refugee communities, or utilising simple graphics and illustrations, is essential to increasing the health literacy of these groups. Such resources are particularly useful for clinicians working with migrant and refugee women and seeking to provide them with credible translated information.

Various State and Territory government agencies maintain multilingual resource libraries, including Health Translation Victoria,³⁰ NSW Health Multicultural Communications Service,³¹ and Queensland Health Multicultural Information.³²

In some cases, settlement services have developed resources to support orientation. For examples, SSI would provide refugees with a *Welcome to Sydney* kit, including a health booklet with information about the health system in Australia and how to access health services translated into the clients' languages.

Further, translated resources are being increasingly produced by health services Australia-wide, including primary health care organisations and generalist and specialist migrant and refugee focused healthcare services.

For example, an extensive range of translated resources covering diverse health topics are produced and/or maintained online by the Refugee Health Network Queensland,³³ Diabetes NSW & ACT,³⁴ and Cancer Council Victoria,³⁵ among others.

In addition to covering broad health- and health system information, there is a range of targeted women's health materials. The Multicultural Centre for Women's Health maintains a multilingual resource library developed for immigrant and refugee women, containing over 5000 resources related to women's health and wellbeing in over 70 languages.

29 NSW Education Program for Female Genital Mutilation, *Information for Consumers, carers and Community*, <http://www.dhi.health.nsw.gov.au/NSW-Education-Program-on-Female-Genital-Mutilation/FGM-Information-for-Consumers-Carers-and-Community/default.aspx>

30 <http://www.healthtranslations.vic.gov.au>

31 <http://www.mhcs.health.nsw.gov.au/publicationsandresources/resources-by-topics>

32 <https://www.health.qld.gov.au/multicultural/public/language>

33 Refugee Health Network Queensland, *Resources*, <http://www.refugeehealthnetworkqld.org.au/resources/>

34 Diabetes NSW & ACT, *Bilingual Resources*, <http://diabetesnsw.com.au/useful-tools/bilingual-resources/>

35 Cancer Council Victoria, *Resources in other languages*, <https://www.cancervic.org.au/languages>

However, such resources are largely web-based, which may pose challenges in reaching migrant and refugee women who may not be aware of the resources' availability and the organisation's web presence, or those who may have limited digital literacy or access. Dissemination strategies should be considered carefully in this regard.

Targeted and issue-specific resources for migrant and refugee women

A range of culturally relevant resources have been developed by Jean Hailes for Women's Health. The resources contain information about common health issues refugee and migrant women may experience, such as endometriosis, menopause and polycystic ovary syndrome. Information sheets provide culturally relevant tips to help readers make healthier diet and lifestyle decisions. The resources have been translated into a wide range of languages.³⁶

How to Look After You is a practical and easy-to-understand brochure developed by InTouch — The Multicultural Centre Against Family Violence in collaboration with Jean Hailes for Women's Health and aimed at helping women from all cultures think about their physical and mental health in the context of family relationships and experiences settling into Australia.³⁷ The resource is available in English and Punjabi, Arabic, Dari, Vietnamese, simplified Chinese and Tamil. Copies can be ordered at no cost via the Jean Hailes website. More than 24,000 brochures were disseminated in 2016 alone.

Healthy Woman Kit is a resource developed by the NSW Refugee Health Services and given to women who are seen at Refugee Health Nurse Program clinics. It includes translated resources on Pap tests, breast screening, breast self-exam, contraception choices, domestic violence, and mental health.

A variety of brochures and factsheets have been developed by Queensland's True Relationships and Reproductive Health, which present information about sexuality, puberty, multicultural women's health and contraception.³⁸ The contraceptive choices booklet is available in six languages: English, Amhar, Arabic, Dinka, Somali and Tigre.

Untold Stories: Cervical Cancer Screening is a series of audio visual 'stories' developed by Family Planning NSW and based on the experiences of cervical cancer screening of women from different cultural backgrounds, in both English and their first language.³⁹ The service also publishes factsheets on its website on reproductive and sexual health, contraception, menstruation and sexually transmitted infections in a wide range of community languages.

36 Jean Hailes, *Multilingual resources*, <https://jeanhailes.org.au/health-professionals/multilingual-resources>

37 Jean Hailes and inTouch, *How to Look After You*, https://jeanhailes.org.au/contents/documents/Resources/Multilingual/How_to_look_after_you/English.pdf

38 True, Resources, <http://www.true.org.au/Resources/shop#!/Factsheets-&-brochures/c/18243048/offset=0&sort=normal>

39 Family Planning NSW, *Multicultural — CALD*, <https://www.fpnsw.org.au/general-audience/multicultural-cald>

Key observations

Reflecting on their capacity to obtain and understand information regarding health and health care, and their ability to use this information to make decisions about their health, migrant and refugee women consulted throughout the project suggested that there is need for a multi-pronged approach to improving health and health system literacy in refugee and migrant communities. The women suggested the dissemination of information should comprise a combination of methods, such as:

- Enhanced orientation sessions on the Australian health system, including an adequate level of information both at the initial point of settlement, and at a later stage in the settlement process;
- Information sessions provided exclusively to women by clinicians with the support of appropriate interpreting services;
- Community education through trusted channels; and
- Translated written and audio information supplemented by visual and digital resources, noting that the multiplicity of material can be confusing.

In its *National Statement on Health Literacy*, ACSQHC has highlighted the need for a coordinated and collaborative approach within the health sector and across sectors to systemically address health literacy.

ACSQHC recommends action across three areas:

- Embedding health literacy into systems so that consumers, patients, families and carers are able to access, understand, appraise and apply information to make effective decisions about health and health care and take appropriate actions.
- Ensuring effective communication — both materials that are appropriate to the needs of consumers and effective partnerships between consumers and healthcare and other service providers.
- Integrating health literacy into education, for example through population health programs, health promotion and education strategies, school health education and social marketing campaigns as well as formal education and training of healthcare providers.⁴⁰

When applying a migrant and refugee population lens to this approach, it is critically important to consider and tap into valuable touch points and opportunities throughout the settlement process to improve how health and health system information is provided.

⁴⁰ Australian Commission on Safety and Quality in Health Care, *National Statement on Health Literacy: Taking action to improve safety and quality*, 2014.

Only the HSP Orientation adopts a systemic approach for the delivery of health and health system literacy to overseas-born Australians

It extends only to refugees and there is a great degree of diversity in how it is delivered, with various settlement service providers adopting different models to meet local community needs and circumstances, priorities and capacity.

The health and health system literacy needs of tens of thousands of other migrants are not supported through a similar systemic approach. Women within this broader migrant population cohort rely on ad hoc community-based, State and Territory or local government initiatives promoting health literacy, if and when those are available. Alternatively, to navigate a new health system and unknown health concerns they obtain fragmented information provided from the Internet, word of mouth, and their GPs or other interactions with health services.

Community health literacy programs and initiatives, including those targeting ethnic communities and women within these groups, are developed and implemented across various sectors. These include settlement support organisations, government and non-government community and health services — both generalist and those targeting migrant and refugee populations, such as Refugee Health Networks.

Primary Health Networks 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.⁴¹ There are, however, limited avenues for coordination of such initiatives to facilitate a strategic response to addressing migrant and refugee population health literacy needs.

This report showcases a suite of good practice approaches adopted by settlement organisations and community health services, and notes that various State and Territory governments have increasingly adopted strategies addressing the health and wellbeing needs of refugees and their culturally and linguistically diverse communities. There is, however, a noted lack of broader strategy in the delivery of health literacy and health system knowledge to migrants and refugees, particularly women.

Systemic strategies — supported by multisectoral collaborations — are required to enable migrants and refugees — and particularly women in this cohort — to enhance their health and health system literacy, and become confident and informed consumers of health care services.

41 Migrant and Refugee Women's Health Partnership. *Good Practice Approaches in Facilitating Primary Health Care Delivery to Migrants and Refugees: The Role of Primary Health Networks*. September 2017.

This report proposes the following strategies for consideration:

1. Developing a shared national migrant and refugee health literacy in settlement framework in collaboration with the settlement sector and relevant health sector actors that would facilitate consistency and reduce duplication of efforts, while allowing for a flexible and tailored approach to respond to local circumstances;
2. Tapping into other systemic opportunities to facilitate enhanced health and health system literacy, such as national settlement programs targeting migrants and refugees, including the Adult Migrant English Program and Community Hubs; and
3. Undertaking, as part of primary health care coordination, comprehensive population health and health system literacy needs assessment, and ensuring responsive and adequate service planning, including a migrant and refugee community focus in the Primary Health Networks' health literacy strategies.

This report provides an opportunity to consult on and consider avenues for refining existing efforts to address migrant and refugee health and health system literacy needs through relevant, responsive, coordinated and systematic approaches.



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