



MIGRANT
& REFUGEE

WOMEN'S HEALTH
PARTNERSHIP



HARMONY
ALLIANCE

MIGRANT & REFUGEE
WOMEN FOR CHANGE

Outcomes document

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

June 2018

Background

In June 2018, Migrant and Refugee Women's Health Partnership (the Partnership) and Harmony Alliance: Migrant and Refugee Women for Change (the Alliance) held a joint stakeholder roundtable to consult on, and consider avenues for, refining existing efforts to address migrant and refugee women's health and health system literacy needs through relevant, responsive, coordinated and systematic approaches.

The discussions were informed by the Partnership's report *Enhancing health literacy strategies in the settlement of migrant and refugee women* which showcases a suite of good practice approaches adopted by settlement organisations and community health services, and stresses a noted lack of broader strategy in the delivery of health literacy and health system knowledge to migrants and refugees, and particularly women in these cohorts.

The outcomes of the roundtable will inform the Partnership's work to develop recommended strategies and approaches on health literacy and health system literacy in the context of migrant and refugee women's health access, experience, and outcomes.

Migrant and Refugee Women's Health Partnership

The Partnership is a national initiative bringing together health and community sectors 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.

Harmony Alliance: Migrant and Refugee Women for Change

The Harmony Alliance is one of six National Women's Alliances funded by the Australian Government to promote the views of all Australian women, to ensure their voices are heard in decision-making processes. Its purpose is to provide a national inclusive and informed voice on the multiplicity of issues impacting on experiences and outcomes of migrant and refugee women, and to support women to directly engage in driving positive change.

Overarching considerations for a strategic approach

The discussions highlighted the complexity of the issue. The participants in the roundtable recognised that Australia's health system is complex, increasingly individualised and siloed, and relies on individual advocacy. It was noted that settlement still does not have a gendered lens and assumes a homogenous journey, subsequently providing a generic response. It was acknowledged that access for migrant and refugee women would be supported through a strategic approach to the design and delivery of health literacy and health systems literacy, however, there is a need for a shared understanding of what that would look like.

It was emphasised that health literacy is not just about the provision of information. It is key to fulfilling an individual's human right to health.

The following considerations were identified as key to framing a strategic approach:

- focus both on health literacy and health systems literacy
- timeliness of information and access to right information at right time
- capacity to contribute to the development of evidence around the assessment of health literacy needs and evaluation of progress
- focus on tangible actions and expected outcomes within a timeframe
- adequate resourcing
- tapping into existing policy settings and frameworks, such as local health literacy strategies

Further, the diversity of ethnic communities and the complexity in their health experience should be factored in, with a health literacy strategy adopting a lens that would make it applicable for different community groups. This includes the delivery in a culturally specific way, in language, and led by community and women. At the same time, it is important to share learnings, replicate good ideas and analyse mistakes.

Who are the beneficiaries

There was consensus that strategies should not focus only on recently arrived women, but be inclusive of women from migrant and refugee backgrounds who have been in Australia even for extended periods of time.

There is structured provision of information to newly arrived refugees and some migrant women within settlement support programs, however, this is usually provided only initially in the short term. There are also significant gaps for women who do not have access to such programs.

It is also important to include women born in Australia to parents from migrant and refugee backgrounds—despite being born in Australia, a part of this cohort may experience health literacy gaps due to strong cultural and religious considerations.

Within the broader migrant and refugee women cohort, there are particular groups requiring dedicated approaches. They include:

- women-partners of skilled visa holders who are generally an isolated and disconnected group
- women in regional areas
- older women
- young women, particularly those who find themselves caught between the traditional community world and the modern mainstream world
- international students
- women who are victims of intimate partner violence

Overall, it should recognise that depending on visa status, migrant and refugee women have different entitlements and levels of access, which impacts on their experiences and outcomes.

Finally, it was emphasised that it is important to involve men in conversations around women's health, as men often have a lot of influence over women's choices and decisions.

Systemic opportunities and touchpoints

It is necessary for a strategic approach to identify critical points at which women from migrant and refugee backgrounds need information and provide easy reference points for them to access information when they need it. Information provided at irrelevant points has little to no value.

Relevant touchpoints include:

- health services, particularly in primary health care
- specialist health and mental health, including torture trauma counselling services
- settlement services, including services provided under the Humanitarian Settlement Program, Settlement Engagement and Transition Support Program, and Adult Migrant English Language Program, including through strengthening their focus on health and health system literacy and the related performance indicators
- women's health centres, both migrant and refugee women focused and generalist ones that increasingly work with migrant and refugee women. Not only are sexual and reproductive health pathways key areas but they provide opportunities to engage with health professionals on broader issues and concerns
- ethno-specific and multicultural organisations
- pre-arrival orientation for refugee women, including pre-arrival resources similar to those on family and domestic violence
- public information spaces, including libraries
- electronic and mobile platforms

A strategy should be aimed at different target groups, including:

- bicultural and bilingual workers across settlement and specialist health and mental health services – building their capacity with regard to the health system, access to health and mental health services, as well as domestic and family violence support services

- primary health care providers, including maternal and child health nurses – increasing their understanding of mental health and settlement support services
- doctors and medical students – increasing their understanding of their role in enabling health and health system literacy, as part of medical education and taught by doctors
- administrative staff at health services, particularly in primary health care, who engage with patients from migrant and refugee backgrounds
- allied health care professionals

Developing a strategic approach: focus areas, formats

Focus areas

While sexual and reproductive health is a significant women's health issue and usually involves broader women's health concerns, the focus areas should include a broad range of experiences impacting on women's health, including chronic disease and disability.

A strategic approach should focus on a migrant and refugee women's health and health system literacy across the life-span, and factor in the diversity of needs depending on age at the time of settlement.

Thematic health literacy areas of focus should include:

- supporting women to look after themselves first to be able to look after others
- sexual and reproductive health
- education around women's bodies
- mental health
- social and emotional wellbeing

Thematic health system literacy areas of focus should include:

- pathways into universal health services
- understanding roles of different health practitioners
- disability support services and the National Disability Insurance Scheme
- self-advocacy in health care system
- being aware of the right to request interpreting services and their availability

Formats

It is critical not to 'reinvent the wheel', with a significant amount of resources and tools available already, and instead focus on improving access to, and facilitate distribution of, existing relevant information. Despite the abundance of information resources, women struggle to assess and understand what resources can be trusted as authoritative. A strategic approach should therefore seek to consolidate the fragmented resources and information.

Further, consideration should be given to tailoring the information to communities, including translation into other languages and oral, rather than written, presentation of information, where appropriate. The use of technology is an important mechanism for such communication and outreach and can facilitate the creation of easily accessible health and health literacy information. Tools should be co-designed with migrant and refugee women to ensure they are person-centred, easy to navigate, and responsive to users.

Tools could include additional functions, such as matching migrant and refugee women with bilingual or bicultural volunteers who can support women in learning about and navigating the health care system.

Attachment

Participants

Ms Rebeccah Bartlett	Shifra web app / Birth of Humankind
Ms Poppy Browne	Multicultural Development Australia
Ms Sue Casey	MRWHP Sub-Working Group / Victorian Foundation for Survivors of Torture
Ms Andrea Creado	Ishar Multicultural Women's Health Centre
Dr Ruth De Souza	MRWHP Sub-Working Group / Australian College of Nursing
Ms Caroline Humphreys	MRWHP Sub-Working Group / Australian Government Department of Social Services
Dr Margaret Kay	MRWHP Sub-Working Group / Royal Australian College of General Practitioners
Ms Nadia Khan	Monash Centre for Health Research and Implementation
Ms Agnieszka Kleparska	North Western Melbourne Primary Health Network
Ms Marion Lau	Ethnic Communities' Council of Victoria
Ms Chiedza Malunga	Monash Refugee Health and Wellbeing
Ms Elham Monsef	Brisbane South Primary Health Network
Dr Manjula O'Connor	Australasian Centre for Human Rights
Ms Angela Powell	Harmony Alliance Council / Multicultural Youth South Australia
Ms Amela Ramcilovic	MRWHP Sub-Working Group / Australian Migrant Resource Centre
Ms Danielle Rule	MRWHP Sub-Working Group / Australian College of Nursing
Dr Mitchell Smith	MRWHP Sub-Working Group / NSW Refugee Health Service
Ms Katina Velkou	MRWHP Sub-Working Group / Settlement Services International
Suzanne Willey	MRWHP Sub-Working Group / Australia College of Nursing
Ms Aleksandra Zivkovic	Federation of Ethnic Communities' Councils of Australia

Organisers

Associate Professor Jacqueline Boyle	Chair, MRWHP Sub-Working Group / Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Ms Maria Dimopoulos	Chair, Harmony Alliance
Ms Gulnara Abbasova	Executive Officer, Migrant and Refugee Women's Health Partnership
Ms Emma Jagot	Secretariat, Migrant and Refugee Women's Health Partnership
Ms Iona Roy	Manager, Harmony Alliance Secretariat