

*Celebrating Diversity*

SOUTH EASTERN SYDNEY  
ILLAWARRA

NSW  HEALTH

Multicultural Health Service

# Refugee Health



# Who are refugees?

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## Human Rights Convention 1951

- People with well-founded fear of persecution (based on race, religion, nationality, membership of a particular social group or political opinion)
- Outside their country of nationality
- Unable or unwilling (because of fear) to have the protection of that country
- **Or** having no nationality & being outside the country of former residence, is unable or unwilling (because of fear) to return to it.



## Main Source of Humanitarian Entrants Australia 02/03 to 06/07

Region	02-03	03-04	04-05	05-06	06-07	Total
Africa	4113	6367	9710	7158	6348	33696
Middle East	2972	2111	2040	2373	2111	11607
Asia	1094	1249	1238	2362	3578	9521
Europe	1409	540	182	87	58	2276
Other	10	10	9	11	3	43
<b>Total</b>	<b>9598</b>	<b>10277</b>	<b>13179</b>	<b>11991</b>	<b>12098</b>	<b>57143</b>



## Main Countries of Origin, SESIH, 03 -08

Country/region	Number
Central & west Africa	73
Southern & east Africa	63
Burma	49
Former Yugoslavia	34
Tanzania	25
Sudan	19
Iraq	14
Sierra Leone	11
Iran	10



## Refugee Arrivals, SESIH, 01- 06

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- 1,045 arrivals over 5 years
  - 453 (43%) in southern network, mostly Wollongong
  - 321 (31%) in central network; mostly Hurstville and Rockdale
  - 271 (26%) in northern network; mostly Randwick
- Increasing numbers in 2007
- ~ 40-50% children and young people



# Pathway for humanitarian entrants

Person in exile granted refugee status by UNHCR

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Resettlement negotiated by UN (Refugee program) +  
Others at risk proposed by individual or group in Australia (SHP)



Application for resettlement in Australia (13,000 p.a)  
Interview (character & medical checks)  
Medical examination/Fit to travel



Permanent Residency Visa granted  
(wait travel arrangements, 202 visa have up to 12 mths to arrive)  
Some entrants subject to health undertaking: required to contact  
specialized clinic (e.g. TB clinic) after arrival



# Illawarra Service Providers

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- **IHSS Providers (Integrated Humanitarian Settlement Strategy)**
  - Settlement agency (ACL) – Lead agency
  - Adult Migrant English Program (AMEP)
  - Mission Australia - Volunteers
  - STARTTS - Early intervention service
  - Resolve FM – housing provider
- **Illawarra Multicultural Services**
- **SCARF - volunteers**
- **Multicultural Health Service (MHW, RHN)**
- **Health Care Interpreter Service**



# Multicultural Health Worker's Role

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- To meet refugees while in temporary accommodation & explain the Australian health system
- Conduct a needs assessment, when they transfer to long term accommodation
- To link newly arrived refugees to health and welfare services



# Problems faced by refugees

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- ◆ Language & literacy
- ◆ Housing
- ◆ Family & social dislocation
- ◆ Education
- ◆ Employment
- ◆ Poverty
- ◆ Health



# Health care prior to arrival

Procedure	Recipient
CXR (TB)	All >11 yrs, younger if indicated
HIV serology	All >15 yrs
HBV serology	Pregnant women, unaccompanied minors
Malaria (rapid test)	All
Anti-parasitic treatment	All
MMR vaccination	< 30 yrs

Additional pre-departure checks for some travellers

No requirement to undertake/document primary immunisation for children



# Aims of screening on arrival

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- Identify and manage acute & chronic conditions with potential for **individual health** consequences e.g., Hepatitis B
- Identify and manage acute & chronic conditions with potential for **public health** consequences e.g., TB
- **Preventive** care e.g., catch-up immunisations, contraception, oral health promotion



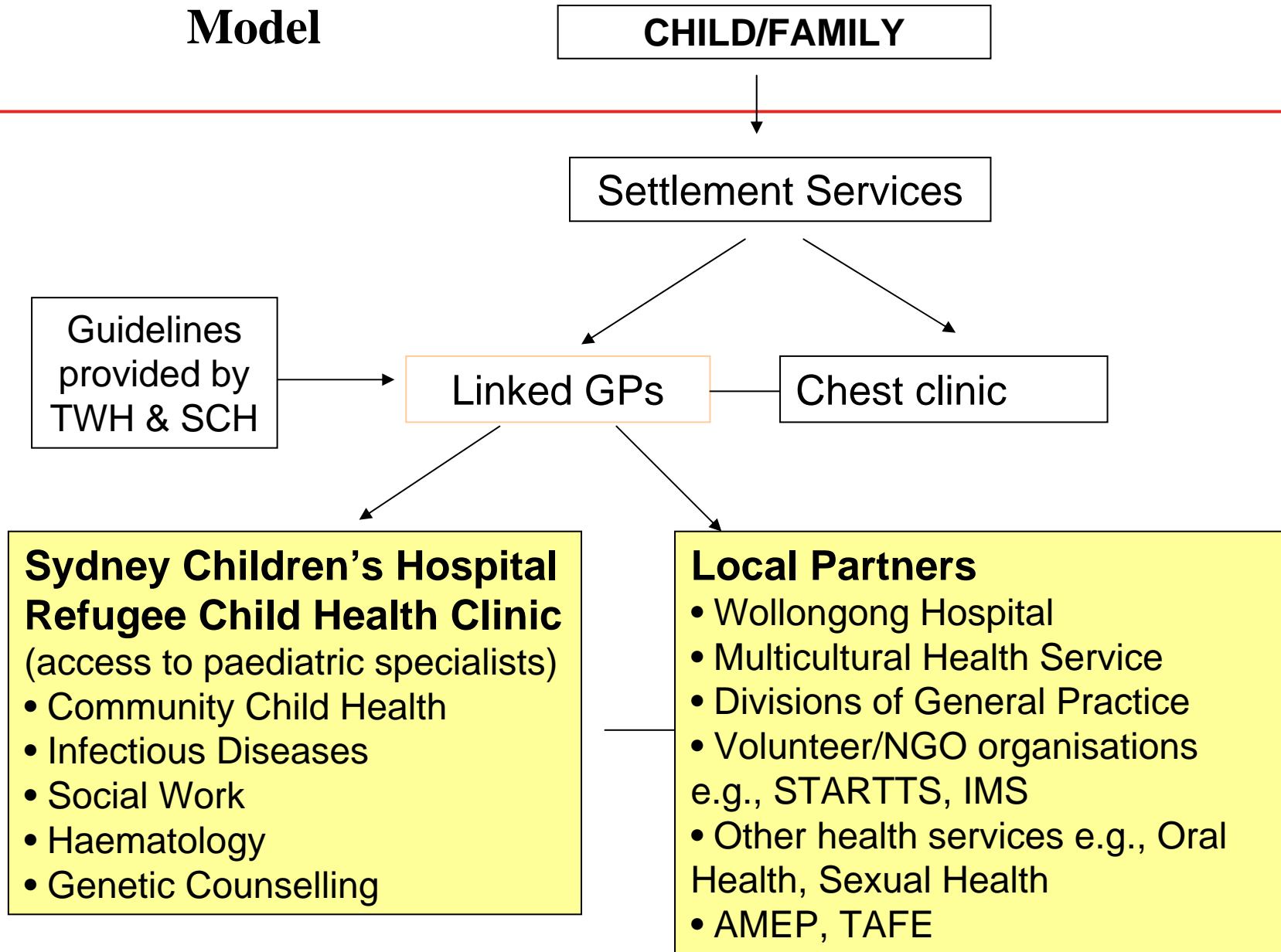
# Models of Care

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- **Health care mainly provided by GPs**
- **Refugee Health Clinics**
  - NSW Refugee Health Service (WSAHS)
    - GP clinics, family focused, community based
  - HARK, Children's Hospital at Westmead
    - tertiary based, child focused
  - Hunter Clinic, Newcastle
    - Family focused, multi-disciplinary, community based



# GP-Hospital Collaborative Care Model



## Sydney Children's Hospital Refugee Child Health Clinic

(access to paediatric specialists)

- Community Child Health
- Infectious Diseases
- Social Work
- Haematology
- Genetic Counselling

## Local Partners

- Wollongong Hospital
- Multicultural Health Service
- Divisions of General Practice
- Volunteer/NGO organisations e.g., STARTTS, IMS
- Other health services e.g., Oral Health, Sexual Health
- AMEP, TAFE



# Refugees in the Illawarra

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- Main countries of origin Burundi & Burma
- 50% male/female
- 50% < 18 yrs
- 12 single parent families (68 children)
- 32 single adults
- Large families



# Issues to Consider

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- Language, language, language
- Health is not necessarily a priority
- Distrust of health professionals & authorities
- Asymptomatic, unused to preventive health care
- Late presentation
- Follow-up is difficult
- Perceived stigma e.g., TB
- Low health literacy
- Unused to participation in health care



# Communication checklist

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- Interpreter – professional, dialect, gender, phone
- Any issues, needs or problems in the hospital setting?
- What does patient believe is causing the problem?
- How much should the family know/be involved?
- What are patient's priorities?
- Using any alternative treatments?
- Understands diagnosis?
- Understands medication/treatment?
- Understands required follow-up?
- Costs fully explained?
- Networks for support?
- Does patient agree with your plan?



# Refugee Health Issues

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- **Significant burden of acute & chronic disease**
  - Increased prevalence in countries of origin
  - Exposures in crowded refugee camps
  - Poor nutrition
  - Poor sanitation
  - Disrupted health care infrastructure & vax programs
- **Multiple psychological & physical stressors**
  - Famine, war, trauma, rape, torture, extreme poverty





# Health of refugees on arrival 2007, SESIH

Condition	Total (%)
Malaria	2
Hepatitis B	13
Hepatitis C	4
Tuberculosis	20
Vitamin D deficiency	40
Iron deficiency	15
Schistosomiasis	27
Strongyloides	17
Measles non-immune	10
Under immunisation (< 18 yrs)	48

# Other health issues

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- **Mental health**
  - PTSD, depression, anxiety
  - Sleep disturbance
- **Dental problems**
- **Vision problems**
- **Women's health**
  - contraception, STDs, parity, PAP smears, FGM
- **Injuries, fractures, burns, scars**
  - War, abuse, torture



# Role of RHN

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- Support GPs
- Family health coordination/case management
- Advocacy e.g., students w special needs
- Support SCH refugee clinic
- Coordinate local clinics e.g., follow-up Vit D
- Education/training health care workers
- Liaison w other services e.g., NSW FGM program, Oral Health Promotion Service
- Lobby for systemic changes





## A week in the life of RHN & one family....

- Liaison with lab to check if stool specimens collected
- Home visit to discuss:
  - need for stool specs
  - Prep for visit to SCH clinic (path, travel etc) for 2 children
  - Need for 3 other children to attend outreach Vit D clinic
  - Bill from lab
- Liaison with lab re. bill
- Liaison with GP & collecting service re pick up specimens
- Met family at Central for visit to SCH clinic
- Mother delivered 10<sup>th</sup> child – liaison w pn staff re baby's Vit D
- Refer eldest son to GP in Canberra
- Note: after 1 yr family still requires support:
  - 6 yo to commence x 3 weekly injections for Hepatitis B;
  - others need at least 6/12 checks of Hepatitis B condition;
  - 3 children Vit D deficient need checking after winter;
  - 1 child wait-listed for speech therapy;
  - father has untreated jaw pain;
  - 3 children need dental treatment

# Vitamin D deficiency

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- Vit D maintains Ca & P levels
- Ca & P sustain metabolic & physiological functions, incl. neuromuscular function, gene stability, muscle function, brain devt & bone health
- 90% Vit D produced thru action of UV light on precursors in the skin



# Vit D deficiency is assoc. with

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- Osteoporosis
- Common cancers
- Type 1 diabetes
- Heart disease
- Severe infant heart failure
- Autoimmune diseases
- Hypertension



# Prevalence of Vit D deficiency

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- 23% younger Aust adults
- 76% elderly people in institutions
- Up to 80% of dark-skinned veiled women
  - = unveiled during pregnancy
- Neonates who are exclusively BF by Vit D deficient mums
- 40% of refugees arriving in SESIH



# Poor nutritional status pre arrival

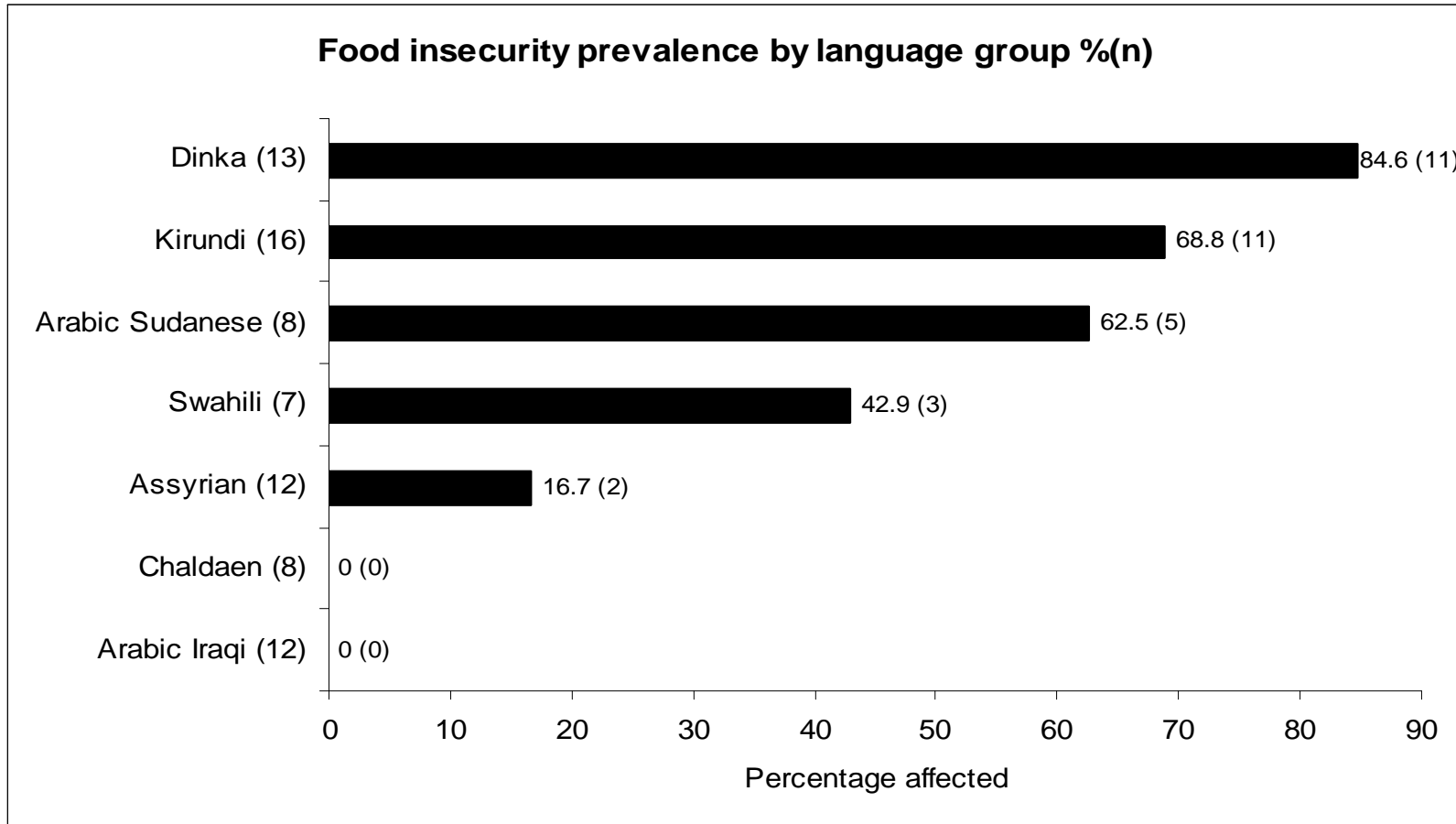
(Faye Southcombe, Community Dietician, NSW Refugee Health Service)

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- Disruption to food supply due to war
- Lack of variety, quality & quantity of foods
- Lack of security affects ability to purchase/harvest foods (esp for women)
- Periods of imprisonment
- Impact of stress on appetite



# To food insecurity after arrival...



## Difficulties accessing food in a new country

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- Locating markets & supermarkets
- Locating suppliers of traditional foods
- Obtaining traditional foods or substitutes
- Adjusting to different purchasing conventions
- Accessing transport to shops
- Knowing the names by which foods are called in Australia
- Reading food labels



# Dietary acculturation

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- May be to a more or less healthy diet
- Rapid acculturation increases risk of:
  - Overweight
  - Obesity
  - Chronic diseases
- Rapid dietary acculturation observed among African refugee communities in Victoria



## My observations

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- Refugee mums breast feed exclusively, & need to be reinforced in this behaviour
- Refugee mums are unsure how 'acceptable' breast feeding is in Australia
- Refugee mums are not sure what are suitable weaning foods in Australia
- Children learn English quickly & learn quickly to ask for 'desirable' foods
- Children & adults like sweet, fatty foods



# Female Genital Mutilation

(NSW Education Program on FGM)

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*All procedures that involve partial or total removal of the female external genitalia, and/or injury to female genital organs for cultural or other non-therapeutic reasons (WHO)*

- Type 1: excision of prepuce with or without excision of part or all of the clitoris
- Type 2: excision of prepuce & clitoris with partial or total excision of labia minora

*These 2 types (of 4) account for 80% of all cases*



## Prevalence FGM in practicing countries

% of women affected	Countries in which practice occurs		
90–100%	Djibouti Mali Sudan	Egypt Sierra Leone	Guinea Somalia
80–89%	Eritrea	Ethiopia	Gambia
60–79%	Burkina Faso	Liberia	Mauritania
30–59%	Chad Côte d'Ivoire	Central African Republic Kenya	Togo
10–29%	Benin Tanzania	Nigeria Yemen	Senegal
Less than 10%	Cameroon India Zaire	Congo Niger	Ghana Uganda

**Table 1:** Current estimate of the prevalence of FGM in various countries.

**Sources:** data for FGM have been collected by Demographic and Health Surveys (DHS) implemented by Macro International since the early 1990s



## Community Education & Development Program

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- Direct group education of women from affected communities.
- Modeled after the bilingual community education program used with other health programs
- Community members trained & equipped to become Bilingual Community Worker's to present the program to their own communities





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## **Acknowledgements**

Drs S Raman, J Benson, G Paxton, B Lampropoulos, K Zwi, A J Radford. April 08. **RACP Workshop, Health and Wellbeing of Refugees Special Focus: Youth.**

Dr K Zwi, L Woodland. Nov 07. **Implementing a GP-SCH Collaborative Care Model.**

Dr P Newton. Nov 06. **Screening for & Treatment of Infectious Diseases in Newly Arrived Refugees: The Illawarra Experience.**