



Chronic care management in refugee populations



HEALTH. WEST
WELLBEING. REGIONAL
EVERYONE. HEALTH
CENTRE

Background Western Region Health Centre

- Community Health Centre based in Western suburbs of Melbourne
- Employs over 300 staff and operates from 13 sites
- Award winning organisation
- Services at WRHC

Services

- General Practitioners
- Allied health services
- Refugee health
- Community Health
- Dentistry
- Services for injecting drug users
- General, family violence, victims of crime counselling and support
- Mental health, homelessness and outreach services
- Services for people with complex needs

Demographics of Maribyrnong.

- Data from 2006 COB census
- 38.9% born overseas
- CALD backgrounds 34.2%
- Dominant CALD in Maribyrnong Vietnamese
- WRHC 08 clients top 5 countries represented CALD Sudan, Vietnamese ,Ethiopia ,Mynamar ,Italy
- Interpreters required for 3900 client contacts

Examples of CALD service delivery at WRHC

- Refugee health team
- Supporting Traditional African mediators Project (STAMP)
- Mental health support for Vietnamese clients
- Bi lingual child nutrition educators
- Men's cooking classes
- Vitamin D clinic

STAMP

- Supporting Traditional African Mediators Project (STAMP).
- Community consultation
- Partnerships with external organisations
- Twenty community mediators
- Funding applications to support ongoing project

Vitamin D clinic

- Commenced in 2005
- Partnership with Royal Children's Hospital
- One day a week
- Family based model
- Supported by Refugee Health Nurse and
Dinka interpreter CDW worker
- Stats from 2008

Bi lingual child nutrition educators Project

- Funding applications include new arrival initiatives
- Engage local community as participants
- Trained in childhood nutrition, group facilitation and adult learning techniques
- Provide culturally appropriate information to parents.
- Ongoing funding supported program
- Bi lingual educator now co ordinates pro
- Partnership



Background

- Number of African migrants
- 25.4% living in Victoria
- Arrive from impaired nutritional environment
- Nutritional and lifestyle problems poorly understood

Comments from research

- *Challenges of negotiating obesity relates findings with African migrants in Australia*
by Andre Renzaho
- Community leaders satisfied with weight gain.
- Intergenerational conflicts related to body size

- “back home you judge a person by the size and shape of their body . Your wealth speaks through your body, but our daughters are a shame to the African culture. They have let us down by seeking to be thin and refusing to eat”
- Misunderstanding of information

“why are you always portraying the size of our children as a disease through the media? Who told you that obesity is a disease? “

Include cultural norms in health promotion

Health Promotion

- Many cultural groups the notion of illness prevention is culturally unfamiliar
- Attending medical services challenging
- Health promotion even more complex.
- CALD clients more consultation time than ESB clients
- Important to develop EARLY identification and prevention in CALD groups



Multifaceted approach

- Simple things in place
- Eg reminder calls
- Transport assistance
- Language assistance
- Outreach programs eg RHN and Dr visit on arrival . Diabetes outreach position
- Friendly environment
- Work in community gathering places such as churches , mosques etc.

What can we do

- Multifaceted approach
- Cultural competency for staff and organisations
- Bilingual/cultural health educators
- Culturally competent frameworks in place in work places.
- Partnerships with ethnic communities