Nutrition issues of people with a refugee background

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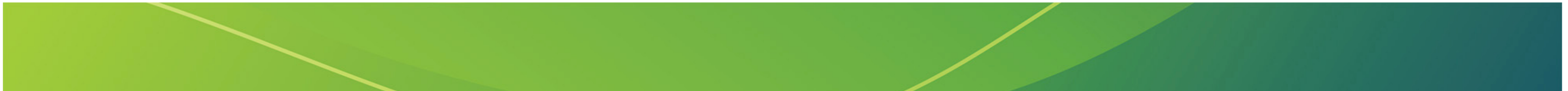


Organisational structure

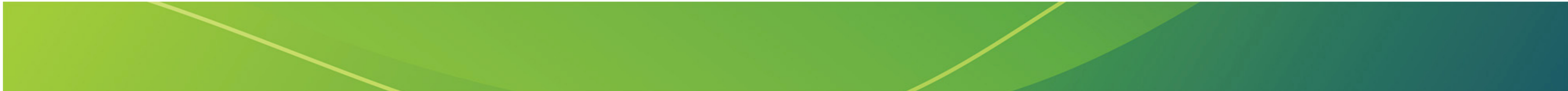
Queensland Health

Metro South Health

Health Equity & Access Unit

The HEAU mission:
To ensure equitable, accessible and culturally appropriate services

- Access & Capacity-building Team
- SE Qld Centre of Excellence in Aboriginal & Torres Strait Islander Primary Health Care
- Aboriginal & Torres Strait Islander Co-ordination Unit
- Metro South Refugee Health Service



Our priority areas

- Aboriginal and Torres Strait Islander communities
- Culturally and Linguistically Diverse Communities – refugee and other communities at higher health risk
- People with disabilities
- People who are homeless

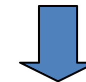
1. Nutrition as part of health screening

Literature reviews -
over 130 references

+

Interviews and email discussions with key informants (7) nationally

Development of 13 key nutrition priorities
- those relating to poor nutrition before arrival
- those of continuing relevance after settlement
-those emerging after settlement



Nutrition Screening approach

1. Issues that don't require screening (transient issues)
2. Issues identified using recommended pathology investigations
3. Issues requiring physical examination and/or questioning re risk factors

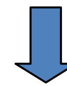
Screening questions/flags

The Red Flag

Early intervention referral guide for refugee populations in Australia

Red Flags	Target groups	Increased risk of Nutritional Problems	Recommended referral: GP	Recommended referral: ACCESS
On arrival				
BMI <18.5 (adults) BMI-for-age <15th percentile (children) Height-for-age <3rd percentile (children) Recent dietary intake has been lower than normal Patient has lost weight without trying Recent loss of appetite Oedema	All	**Malnutrition (energy an protein)**		
By default all newly arrived refugee women and children should be considered at-risk of iodine imbalance Anyone with visible signs of goitre	All	**Iodine imbalance (deficie excess)**		
Negligible intake of fruits, vegetables or juices for >1 month AND 1 or more of the following symptoms: Spongy, bleeding gums Loose teeth Bruising Petechiae (tiny burst blood vessels at the base of the hair follicle) Dry, thick looking skin	All	**Vitamin C deficiency (sc**		fruit and vegetables
Ongoing Issues				
BMI ≥ 25 or ≥ 23 for Asian clients (adults) BMI-for-age ≥ 85th percentile (children) Recent weight gain Regular intakes of takeaway/fried foods/sweets/sweetened drinks reported	All	**Overweight & obesity (and future risk of)**	Suggest clinical assessment for chronic disease risk markers and monitoring.	Prompt agency to link clients with culturally appropriate nutrition education opportunities, if available.
Worried about running out of food before having enough money to buy more. Does not feel they will have enough money to purchase a variety of healthy foods Does not know where to access familiar/culturally appropriate foods locally Nobody in the household knows how to shop for and prepare a variety of meals using the supplied kitchen equipment	All	**Risk of food Insecurity**	Nil GP action required	Prompt agency to: → provide education regarding budgeting skills, assistance finding culturally appropriate grocers/markets in the local area → connect clients with culturally appropriate nutrition education and cooking programs
Does not consume fruit on a daily basis Does not consume vegetables on a daily basis	All	**Fruit and vegetable intake**	Nil GP action required	Prompt agency to provide education about the benefits of fruit and vegetables intake
			If inadequate fruit and vegetable intake is related to food insecurity, please refer to the action pathway outlined under 'risk of food insecurity'.	
Main source of fluid intake is not water	All	**Fluid Intake**	Dentist: Notify dentist of high intakes of sugar sweetened beverages	Prompt agency to provide education about the benefits of water and health outcomes of excessive sugar-sweetened beverages
Intention to fall pregnant or in the first trimester Negligible intake of green vegetables, fruit, bread and/or breakfast cereal > 2 months	Women of childbearing age	**Folate deficiency**	For clients with limited folate intake >2 months, suggest clinical assessment and treatment if necessary. For women intending to fall pregnant /pregnant women, prompt discussion of folate supplementation.	Prompt agency to provide education about the benefits of consuming green vegetables, bread, and fortified breakfast cereals on a regular basis.
			If inadequate fruit and vegetable intake is related to food insecurity, please refer to the action pathway outlined under 'risk of food insecurity'.	
School lunches	Children	**Provide clients with the culturally appropriate Queensland Health 'Healthy School Lunches' guide.**		

Worried about running out of food before having enough money to buy more. Does not feel they will have enough money to purchase a variety of healthy foods Does not know where to access familiar/culturally appropriate foods locally Nobody in the household knows how to shop for and prepare a variety of meals using the supplied kitchen equipment	All	**Risk of food Insecurity**



Questions/flags

1. Have you been able to find your favourite foods? (Y/N)
2. Female adult in household (Y/N)
3. Have you had any difficulty using the kitchen equipment provided? (Y/N) If yes, which ones?
4. Do you have enough money to buy a variety of healthy foods? (Y/N)

a) Key nutrition issues that are generally transitory

Issue	Causes
Vitamin C deficiency	Negligible intake of fruits, vegetables or juices for at least one month
Vitamin A deficiency	Quickly resolved by eating a diet that includes vitamin A or beta-carotene sources in most people with a refugee background after arrival. No longer on recommended pathology investigations list.
Malnutrition – energy/protein & energy	Lack of access to food at refugee camps, gastrointestinal infection, food insecurity and loss of appetite increase the risk of malnutrition

b) Nutrition issues identified when recommended pathology conducted

- Fe deficiency anaemia (iron studies, serum ferritin)
- Vitamin B12
- Vitamin D
- Iodine: Thyroid function tests for people from specific backgrounds e.g. Chin community
  - Deficiency is the single greatest cause of intellectual impairment of children in the world
  - Over-supplementation is common in refugee camps
  - Both excess and deficiency → can produce similar symptoms (hypothyroidism)
  - Treatment differs depending on excess or deficiency - need to know which camps over-supplement

c) Ongoing nutrition issues – not diagnosed by recommended pathology recommendations

- low fruit and vegetable intake
- inappropriate or inadequate fluid intake
- food insecurity
- folate, especially for women of childbearing age

Folate/folic acid deficiency- when food isn't enough

Potential health issues:

- megaloblastic anaemia
- neural tube defects (spina bifida and anencephaly) if deficient during (early) pregnancy

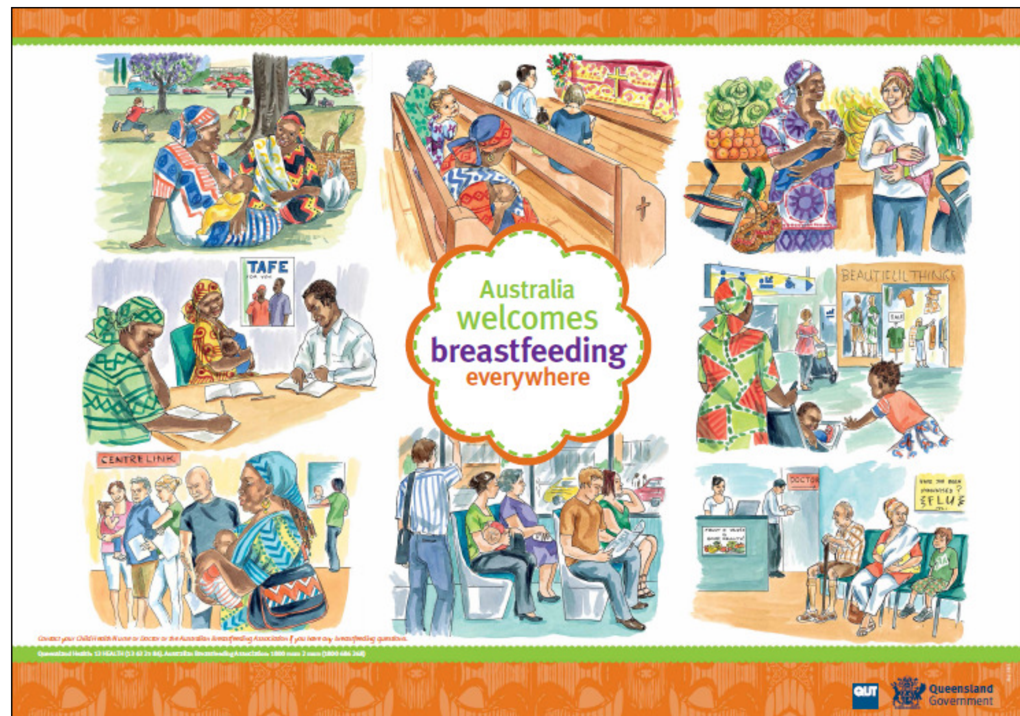
Universal supplementation

- Recommendation for supplementation for general population who are planning pregnancy
- Higher risk of low folate status (X 3)

d) Nutrition issues– developing after arrival

Infant feeding issues relating to settlement:

- Reduced breastfeeding initiation
- Supplementary feeding
- Introduction to solids
- Bottle caries

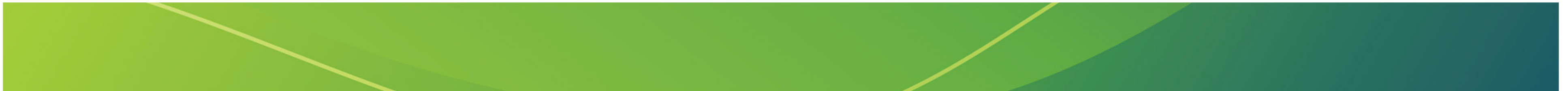


Nutrition issues– developing after arrival

The Healthy Immigrant Effect

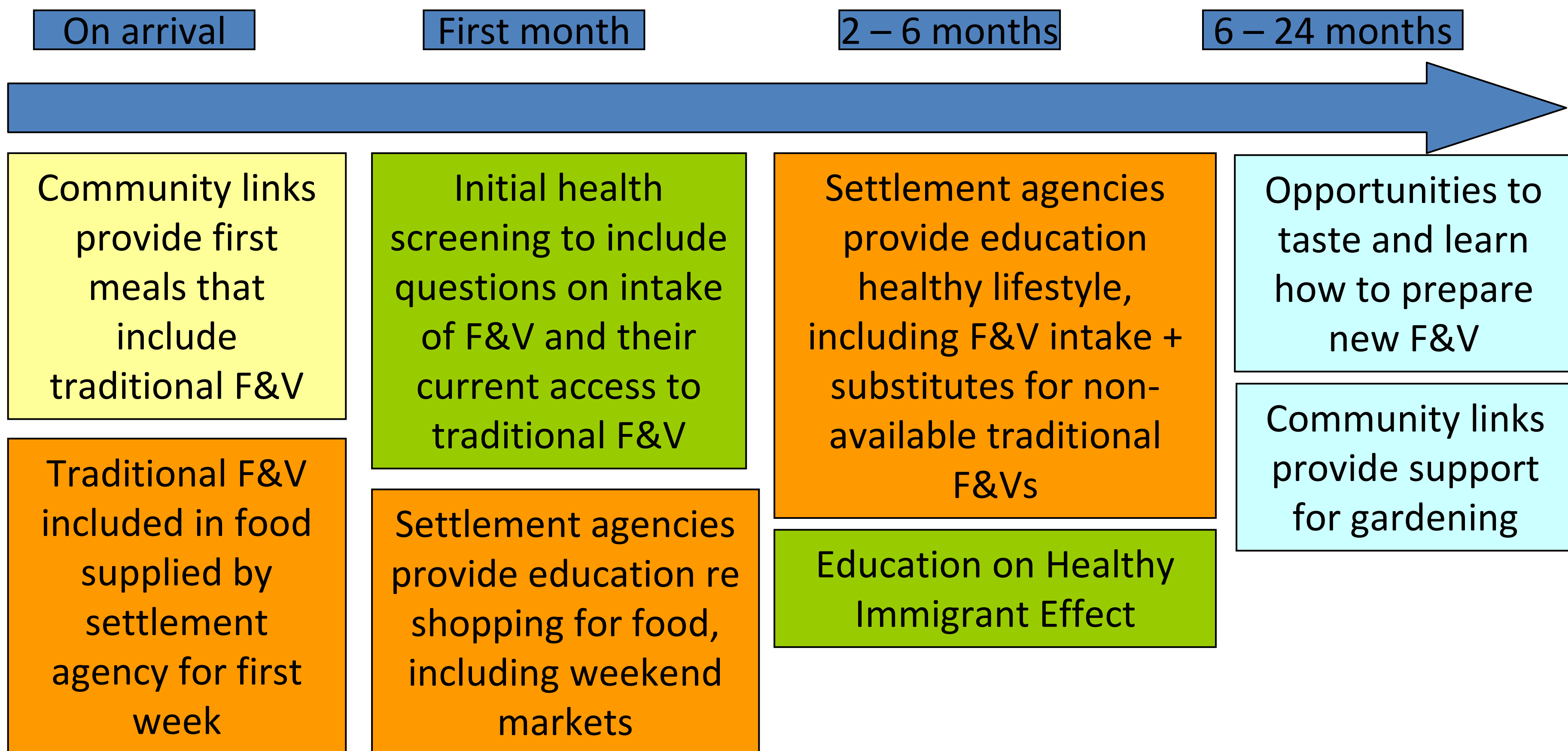
- General changes reported by people from refugee backgrounds
  - More meat (though some people don't like meat fat)
  - More high sugar drinks, cakes, biscuits, takeaways
  - More food overall – more eating occasions
  - Less fruit and particularly vegetables
  - Less physical activity
  - Issues relating to low socio-economic status
- Screening and interventions needs to be timely e.g. knowledge of where to access traditional fruits and vegetables early in process

2. Potential strategies to improve the nutritional status of people with a refugee background



Counteracting the Healthy Immigrant Effect: an interagency approach

e.g. promoting fruit and vegetables intake



Nutrition strategies: what seems to work

1. Self awareness sessions e.g. Somalis healthy lifestyle group

Nutrition strategies: what seems to work

Oodkac (Somali beef jerky)

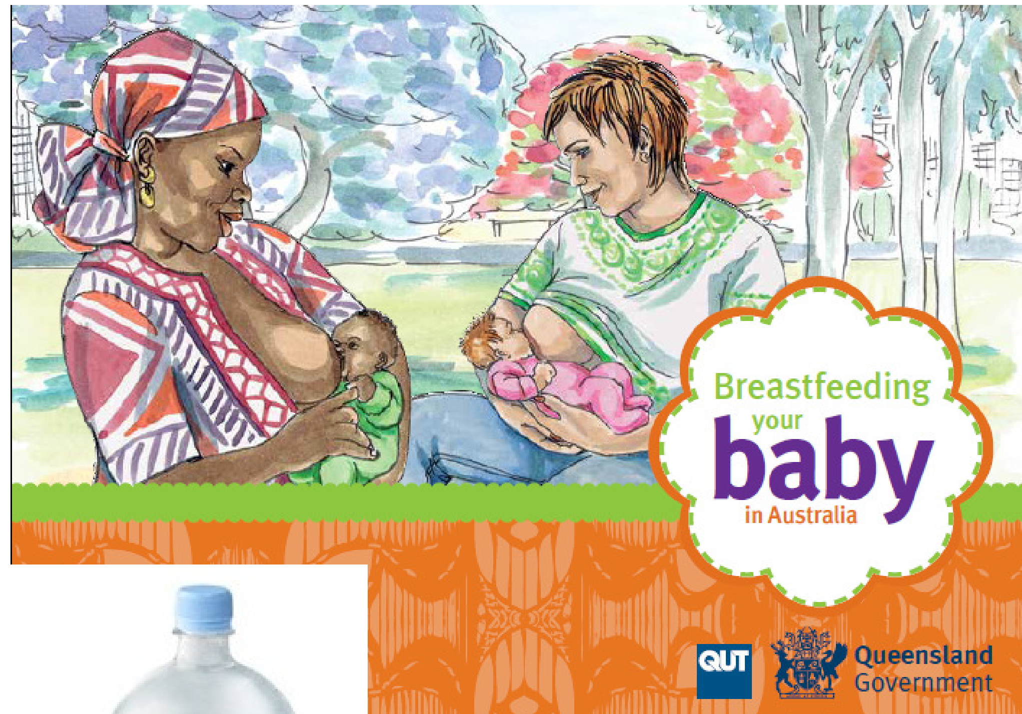
2. Cooking

- Modifying traditional dishes
- Tasting new foods (e.g. fish for Somalis)

Nutrition strategies: what seems to work

Understanding motivations around social acceptability

- Perception that Australians formula feed their babies → better health and intelligence
- Need for those working with refugees to model healthy lifestyle behaviours e.g. drinking tap water, catering for meetings
- Use graphics that include people from a range of racial groups performing desired behaviour



Nutrition Strategies: what seems to work

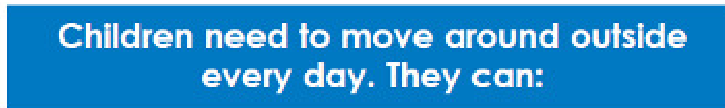
- Working through oral and written language preferences e.g. use of low English literacy materials

Water is the best drink.
It is safe to drink from the tap.

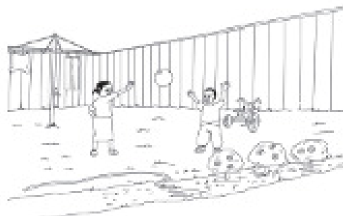
It is good to have only water, fruit, vegetables and milk between meals to leave more room for family meals.

There are many reasons why young children don't want to eat.

Moving from one country to another.



Play outside in the back yard.



Go to the park with an adult.

Walk to school with an adult.

Drinking too much soft drink, cordial, juice and milk.

Not growing as fast as a baby and therefore needing less food.

Not moving around as much as before.

This resource was produced by the Association for Services to Torture and Trauma Survivors (ASeTTS) and the East Metropolitan Population Health Unit in Perth, Western Australia for the National Child Nutrition Program, 2003.

Please see www.asetts.org.au for information on where to access 'Good Food for New Arrivals' resources.

Engaging with community members: what seems to work

Attitudes:

- Respect
- Two way learning
- Real partnerships with community members, their organisations and their leaders
- Having fun and joining in (especially eating traditional foods offered)

Acknowledgements

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Taylor Ryan & Anna Hornsby