Nutrition issues of people with a refugee background

Barbara Radcliffe
Advanced Community Nutritionist & Associate Professor (QUT),
Access and Capacity-building Team
Health Equity and Access Unit
Organisational structure

Queensland Health

Metro South Health

Health Equity & Access Unit

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

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

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

<table>
<thead>
<tr>
<th>Issue</th>
<th>Causes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitamin C deficiency</td>
<td>Negligible intake of fruits, vegetables or juices for at least one month</td>
</tr>
<tr>
<td>Vitamin A deficiency</td>
<td>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.</td>
</tr>
<tr>
<td>Malnutrition – energy/protein &amp; energy</td>
<td>Lack of access to food at refugee camps, gastrointestinal infection, food insecurity and loss of appetite increase the risk of malnutrition</td>
</tr>
</tbody>
</table>
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

- **On arrival**
  - Community links provide first meals that include traditional F&V
  - Traditional F&V included in food supplied by settlement agency for first week

- **First month**
  - Initial health screening to include questions on intake of F&V and their current access to traditional F&V
  - Settlement agencies provide education on healthy lifestyle, including F&V intake + substitutes for non-available traditional F&Vs

- **2 – 6 months**
  - Settlement agencies provide education re shopping for food, including weekend markets
  - Education on Healthy Immigrant Effect

- **6 – 24 months**
  - Opportunities to taste and learn how to prepare new F&V
  - Community links provide support for gardening

All agencies to have posters promoting F&V + provide F&V when catering for community events
Nutrition strategies: what seems to work

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

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

Oodkac (Somali beef jerky)
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

### Appetite

- There are many reasons why young children don’t want to eat.
- Moving from one country to another.

### Children need to move around outside every day. They can:

- Play outside in the back yard.
- Go to the park with an adult.
- Walk to school with an adult.

---

*This resource was produced by the Association for Service to Torture and Trauma Survivors (ASTRA) and the East Metropolitan Population Health Unit in Western Australia for the National Child Nutrition Program, 2003. Please see www.astra.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

• Staff of Metro South Refugee Health Services, especially Leeanne Schmidt for her support and guidance

• QUT students: Bonnie Leung, Ainsley Galton, Taylor Ryan & Anna Hornsby