

Refugees and Primary Health (RaPH) Project

Final report

May 2011

Refugees and Primary Health (RaPH) project

Mater UQ Centre for Primary Health Care Innovation

Funded by Connecting Health in Communities (CHIC) Chronic Disease Initiative

FINAL REPORT

Introduction

The final report of the Refugees and Primary Health (RaPH) project has been prepared using the guidelines specified by the Connecting Health in Communities (CHIC) Chronic Disease guidelines and will cover the following:

1. Inputs, processes, outputs and outcomes of the project (e.g. what was achieved and how and by whom).
2. The stakeholders involved and the nature and impact of partnering activities (especially in relation to ongoing efforts/impacts).
3. Evidence in relation to the KPIs listed in the project proposal and any other statements that indicated what the project was anticipating to achieve using the proposed evaluation mechanisms.
4. Information on enablers and barriers to the work of/implementation of the project and how barriers were managed.
5. Provision of hard/electronic copies of any relevant documentation produced (e.g. learning materials or pathways).
6. Statement around whether proposed project effectively/efficiently achieved the anticipated outputs and outcomes listed in the project proposal.
7. Advice on ongoing sustainability especially in relation to the following types of issues:
 - Organisations
 - Infrastructure
 - Fit with goals and culture
 - Staff
 - Training and involvement
 - Attitudes
 - Senior leaders
 - Clinical leaders
 - Process:
 - Monitoring progress
 - Adaptability
 - Credibility of evidence
 - Benefits beyond helping patients

The RaPH project has produced a number of key resources which are attached to this final report and will also be made available on www.materonline.org.au

SECTION 1

Inputs, processes, outputs and outcomes

A summary of the inputs processes outputs and outcomes of the RaPH are outlined below. They are grouped under six headings;

1. Project governance
2. Clinical care
3. Clinical information sharing
4. Education and professional development
5. Community engagement
6. Context evaluation

Project Governance

The governance structure of the project was intended to reflect a commitment to a partnership approach to health service delivery.

Terms of Reference were developed for the Project Management Group at the outset of the project (see **Documents** for the TOR) and a project management structure was adopted to cover three strategic priorities for the project (see **Documents** for the Project Management Structure.) The project management structure included three working groups to cover the

- Clinical access and training
- Community engagement
- Research and Evaluation

The Project Management group agreed to a Project Evaluation Plan which articulated the project evaluation activities (see **Documents** for the Project Evaluation Plan.)

Clinical care

In collaboration with key stakeholders develop and implement clinical tools and guidelines in relation to providing quality care to refugee populations (Project Objective 1.1)

To achieve this aim the project managers engaged extensively with key individuals and service providers to develop a clear understanding of the gaps in clinical tools and guidelines currently available that may facilitate the provision of care for refugee populations. Included in this consultation were David Eastgate (Manager Community Health Primary Health Services), Louise Lee (Practice Nurse, (Salisbury Medical Centre) Robyn Chambers (Practice Manager Camp Hill Medical Centre), Refugee Health Queensland, Queensland Program of Assistance to Survivors of Torture and Trauma, and Divisions of General Practice (SEAGP, GP Partners and Brisbane South), Rita Prasad-Ildes (manager Queensland Transcultural Mental Health). The project managers were also consultative of the Brisbane Refugee Health Network.

An extensive engagement process with the community indicated from the outset some broad issues which informed the development of the project including;

- there is insufficient health education for refugee communities
- knowledge about and conceptual understanding in relation to preventative care is poor amongst refugee communities
- accessing health services for long term management of chronic disease is very difficult
- chronic pain not managed well
- communities need support to access allied health services as they are not familiar with these type of services

In collaboration with key stakeholders facilitate access for general practice staff and allied health to specialist services and evidence based knowledge, skills and cultural competencies required to undertake refugee health work in a community primary health care setting. (Project Objective 1.2)

The RaPH project was able to develop a number of key resources designed to facilitate access for general practice staff to specialist knowledge and skills to assist them to undertake refugee health work in a community primary care setting. Out puts in this regard include:

1. In collaboration with the Forum of Australian Services for Survivors of Torture and Trauma, updating and reprinting the desk top guide ***Caring for Refugee Patients in General Practice (3rd Edition) Queensland (revised)***. In addition to the revision of this important resource, a distribution plan was negotiated and developed with QPASTT (the Queensland member of the Forum of Australian services for Survivors of

Torture and Trauma) so that practices with the largest numbers of people from refugee backgrounds settling in the surrounding community were given priority access. The guide is also available on line and RaPH promoted access to the resource through the on line mechanism. The Divisions of General Practice involved in the project were also given hard copies and on the respective websites a link to the resource is included. Refugee Health Queensland were also given copies for distribution to the practices that they would normally refer to.

2. Development of a web page through Mater On line to link general practice staff to resources to assist in the delivery of care to people from refugee backgrounds in a primary care setting. This can be accessed through <http://www.materonline.org.au/Home/Services/Refugee-health>. This resource has been strategically promoted through the RaPH project activities. Including a formal launch at an education event facilitated by the project.
3. Targeted training sessions for general practice (see below for more detail) have included opportunities to share information, display and discuss the resources developed and to consult about upcoming and changing information needs.

Clinical Information Sharing

In collaboration with key stakeholders develop referral protocols to facilitate access and transfer of quality information necessary for decision making by clinicians. (Project Objective 2.1) ; In collaboration with key stakeholders develop of referral templates for RHQ (Project Objective 2.2)

The RaPH project was able to access examples of referral protocols that had been developed and revised by the Victorian Refugee Health Network. These were useful resources that were used to promote discussion and debate in the local context. The project was able to work closely with key stakeholders to share information about integration of primary health. Key emerging issues included recognition that Brisbane Northside was a different context to Brisbane Southside. It was also recognised that referral protocols were for a vulnerable populations such as the refugee populations were at risk of becoming overly “paternalistic”. These viewpoints were contributed to broader discussions at the Brisbane Refugee Health Reference Group.

Key stakeholder collaborations included Jan Pratt and Robyn Penny from Child Community

Health north side and discussed the potential to develop a proposal for position across Brisbane which looks at primary care development and engaging general practice.

Using the Victorian resource "Refugee Care Pathway" the RaPH Clinical Access and Training Working Group mapped the patient journey from the time of arrival.

The project facilitated collaboration between QPASTT, QTCMH and RHQ to start to develop clinical guidelines for identifying and referring refugees who have torture and trauma issues.

Support and develop appropriate mechanisms to facilitate access to culturally relevant information, referral options and processes eg RHQ website, project newsletter (Project Objective 2.3)

The project engaged with GPQ to discuss options to facilitate access to information for general practice. GPQ indicated a preparedness to facilitate the dissemination of resources state wide and to ensure any developments across Queensland are fed back to the project.

The project participated in the Community Health Action Group (CHAG) and Multicultural Health Network. These forums discussed mechanisms to facilitate access to information and discussed barriers that prevented effective use of existing information.

Through the Mater on line website Refugee Health Queensland and the Mater Refugee Maternity Service were able to disseminate important information about referral protocols and services.

In addition the project was active in developing the capacity of the RHeaNA (Refugee Health Network Australia). It developed a successful funding application to the Myer Foundation which was matched by funding raised by QIRCH (Queensland Integrated Refugee Community Health) Clinic, predecessor of RHQ and was instrumental in appointing and guiding the RHeaNA project officer to build RHeaNA as an effective mechanism for information sharing. During the project period RaPH supported the Queensland chapter of RHeaNA and focussed on developing input to national policy discussions, input to the Primary Health Care Strategy, and supporting the development of collaborative research opportunities.

Education and professional development

Make education regarding protocols and tools available to general practice staff and allied health (Project Objective 3.1)

Improve knowledge and skills of general practice staff and allied health through education regarding protocols and tools for (Project Objective 3.2)

The RaPH project hosted two successful training events that included discussion and presentation about protocols and tools available in the primary care setting. The project successfully applied to RACGP and Nursing College to attract CPE points to each of the refugee health education events.

On 8th September 2009 the project hosted an event entitled "Refugees and Primary Health Information Evening". The focus of the evening was to

- Learn about the current clinical presentation of new refugee arrivals to Brisbane
- Learn about the cultural and social profile of the Rohingya community
- Launch the revised edition of the desk top guide ***Caring for Refugee Patients in General Practice (3rd Edition) Queensland***
- Launch of the Mater Online web site resource

On 22nd April 2010 RaPH hosted a training event for general practice staff and allied health entitled "*Working with refugees in primary health care – how to make it work for you and your practice*". The focus of the training was to

- Improve practice systems to best provide ongoing quality health care to refugee patients
- Build links and networks with refugee health service providers
- Maximise access to health care and making the most of current Medicare arrangements

The content of the workshop was the result of working closely with practice managers, GPs and practice nurses. Real world case studies and a hypothetical were presented by key specialist services in refugee health and wellbeing – QPASTT, Queensland Transcultural Mental Health, MDA, ECCQ, RHQ and three divisions of General practice (South East Alliance

of General Practice, Southeast Primary Health Care Network and Brisbane South Division of General practice.)

Further to these events the project consulted extensively with key stakeholders including Divisions of General practice on ways in which the Divisions can support education regarding protocols and tools for general practice staff. Options discussed included (but were not restricted to) the practice liaison model, practice managers support group and practice nurse training opportunities.

Information was made available through both these training opportunities about resources produced by the RaPH project (such as the desk top guide ***Caring for Refugee Patients in General Practice (3rd Edition) Queensland (revised)*** and the web page through Materonline to link general practice staff to resources.

In response to feedback obtained from the training the RaPH project investigated e-learning opportunities as a way of clinicians obtaining points. This is especially relevant due to changes by the Nursing College and it now being a requirement for nursing to obtain points. RaPH has been able to:

Produce a DVD and booklet that can be used to as a continuing professional education resource for GP's and nurses. This resource will be available on Materonline and will be managed by Mater Marketing and Refugee Health Queensland to ensure long term sustainability.

Build links and partnerships with tertiary institutions and service providers to identify opportunities to collaborate on research and training development (links with Project Objective 3.3)

The RaPH project collaborated with the University of Queensland in design and implementation of two research projects and conducted a third, this included preparation of relevant ethic submissions.

The RaPH project collaborated with the University of Queensland in the following research projects;

1. Refugee Health – Prevalence of chronic morbidities in newly arrived refugees: a

preliminary study

2. Understanding the barriers and facilitators for newly arrived refugees accessing health care in Brisbane from the perspective of health care providers
3. Understanding the barriers to health access for refugee communities in Brisbane.

In addition the project supported an application to RACGP Family Medical Care, Education and Research Grant (FMCER) for the project ***Understanding the barriers and facilitators of health access for refugee communities in Brisbane.***

Dissemination of research findings was achieved through reports and conference presentations and preparation of journal articles. Please refer to Documents section for details.

Opportunities for further research on the basis of findings from these studies are being jointly contemplated with Griffith Uni, Latrobe and the University of Queensland.

Promote RHQ as supporting primary care within and external to general practices (Project Objective 3.4)

The project organised a meeting with Professor Claire Jackson and RHQ to discuss the Inala Primary Care model and its role as a “Beacon” practice. Information was shared about governance structures and the potential role for RHQ in supporting general practice as a “Beacon” practice in the long term.

Community engagement

Engage key stakeholders effectively in partnership (Project objective 4.1)

The RaPH project was able to build on extensive existing relationships within the refugee communities and with key stakeholders. This resulted in broad representation on the management group of the RaPH project. Some members of the management group participated more fully than others however representation included an extensive spread of constituencies and expertise.

| Organisation | Name |
|---|--|
| Refugee Health Queensland | Ashley Macpherson (May 2009) Sarah Grealy Dr Megan Evans |
| QTCMH (Queensland Transcultural Mental Health) | Andres Otero-Forero Rita Prasad-Ildes Vivienne Braddock |
| QPASTT (Queensland Program of Assistance to Survivors of Torture and Trauma) Refugee Primary Health Care Centre, Discipline of General Practice, University of Queensland | Sally Stewart Magdalena Kuyang Dr Margaret Kay |
| Refugee Health Research Centre – Latrobe University | Dr Ignacio Correa-Velez |
| ECCQ (Ethnic Communities Council of Queensland) | Nera Komaric Hong Do Neila Helac |
| MDA (Multicultural Development Association Inc) | Jamila Trad-Padhee Mitra Khabaz |
| ACCESS Inc Multilink | Michelle Alexander Gaby Heuft Felket |
| Griffith University | Professor Elizabeth Kendall Dr Saras Henderson |
| SEAGP (South East Alliance of General Practice) Brisbane South Division of General Practice Southeast Primary Health Care Network GP Partners Queensland Health | Christine Kardash Andrea Valencia Emily Baird Sylvia Penhaligon Kate Drinkwater Ellen Hawes Libby Wort Fazil Rostam |

| | |
|--|---------------------|
| | Sussy Alzate |
| | David Eastgate |
| QACC Inc (Queensland African Communities Council) | Bobby Whitfield |
| | Daniel Zingifuaboro |
| Mater/UQ Centre for Primary Health Care Innovation | Caroline Nicholson |
| | Donata Sackey |
| | Paula Peterson |
| | Sarah Renals |

Beyond this the RaPH project developed specific strategies to engage with refugee communities including:

- Preparing a project information sheet for refugee communities and for staff of Refugee Health Queensland
- Consulting widely with refugee community members about the project, about issues with access to health care for refugees at risk of developing chronic disease.
- Engaging refugee community representatives in each of the project working groups
- Engaging refugee community representatives directly as co researchers to deliver the objective of building the evidence base (see below)

Link with existing initiatives to maximise project outcomes (project objective 4.2)

Key stakeholders were able to link the project with existing initiatives in particular the work of Refugee Health Queensland, the Ethnic Communities Council Chronic Disease Program, the Natural Leaders Project at Griffith University/Multilink/ACCESS, University of Queensland, Division of General Practice, Latrobe Refugee Research centres and RHeaNA (Refugee Health Network of Australia). A project mapping exercise at the outset of project indicated a number of existing initiatives.

The project managers also went to Victoria to visit the Victorian Refugee Health Network – a network established to support refugees and health care providers in improving health care access and equity. RaPH met with a number of key stakeholders including: Louise Crowe (Foundation House) project manager for the Victoria Refugee Health Network and instrumental in the development of GP resources eg Desk top guides, Lindy Marlow the state-wide refugee health nurse facilitator, Lee Kennedy Executive Officer from Health West Partnerships – project looking at referral pathways and protocols for newly arrived refugees, Lenora Lippmann General Practice Victoria and Ruth Azzopardi Manager, Integrated Chronic Disease Management Primary Health Branch Rural & Regional Health & Aged Care Services. This group were able to offer strategic advice and support to the Project Managers throughout the project.

The RaPH project supported the development of RHeaNA (Refugee Health Network Australia) by collaborating with a national group of refugee health providers. In order to do this the project supported the development of TOR for RHeaNA, participated in teleconferences and contributed to two submissions – Towards a National Primary Health Care Strategy (Feb 2009) and IHSS Review (July 2009) It also successfully applied to the Myer Foundation for funds to support the engagement of a consultant which assisted in consolidating the network and providing options for a sustainable governance framework.

Context evaluation

Describe a sustainable transferable model of care (Project Objective 5.1)

RaPH invited key stakeholders to attend a Forum ***Chronic Care model for people from refugee backgrounds: An Interactive Forum*** in October 2009. In keeping with the partnership principles of RaPH the Forum was delivered with key project partners - Community and Primary Health Services – Metro South (Queensland Health), the Ethnic Communities Council of Queensland Chronic Disease Program and the Logan Natural Helper Partnership (Griffith University, Multilink Community Services Inc, ACCES Service Inc and the Logan Beaudesert Coalition). The forum was facilitated in partnership with Lindy Marlow (state-wide refugee health nurse facilitator Victoria) and Lee Kennedy (executive officer Health West Partnerships Victoria). Lindy and Lee shared their experiences of working in partnership to improve refugee health access and planning. They also presented on the expanded Wagner

Chronic Care model as a framework to develop a strategic response to refugee health needs.

The Forum aimed to develop and document a model of care for people from refugee backgrounds living in Brisbane South who are at risk of developing chronic disease. It focussed on coordination, sustainability, transferability and on making positive changes in the health and well being of all people with chronic diseases or at risk of developing a chronic disease.

A model of care was developed. It drew on the Expanded Chronic Care Model – an extension of the Wagner Chronic Care Model with emphasis on building strong links and partnerships across early intervention, prevention and population health. This was presented as a poster to Queensland Health Chronic Disease Conference in May 2010 (see **Documents**.)

Contribute to evidence based best practice and inform policy. (Project Objective 5.2 and links with Project Objective 3.3)

The RaPH project was cognisant of the need to further the evidence base in order to articulate an effective model for service delivery. In order to do this the project delivered four pieces of research.

1. Prevalence of chronic morbidities in newly arrived refugees: a preliminary study. **Project # 1349ACE Refugee Health**

Background

This project began in September 2008 with a successful submission to Qld Health through the CHIC Chronic Disease funding initiative. This paralleled the opening of Refugee Health Qld a new statewide service funded by Queensland Health and managed by Mater Health Services.

The aim of the prevalence project was to capture data about the health issues faced by newly arrived refugees coming to Australia. Currently there is limited data available to inform health services about these issues and data is essential for the planning and delivery of quality health services to the refugee communities.

Ethics

An ethics submission was made to the Mater HREC and approval was given in May 2009.

Method

The ethics process included obtaining consent from the refugee communities, individual consent from the newly arrived refugees with the interpreter ensuring that this was done in a culturally sensitive manner. Consent was iterative with confirmation of the consent at discharge from the clinic.

Data from 2009 were captured using data downloaded to Refugee Health Queensland from Mater Pathology and the data merged by Mater Research with a spreadsheet of demographic data. These data were de-identified after the merge and analysed considering the country of origin, ethnicity, gender etc.

Results

Low rates of infectious disease – especially malaria rates were lower than previous studies that may be related to pre-departure screening.

Nutritional deficiency common especially iron (esp women and children) and Vit D.

Significant stunting in growth in children especially in some specific ethnic groups.

A range of treatable infectious diseases were identified in the newly arrived refugees that were able to be treated at Refugee Health Qld.

It is hoped that the data will inform the further development of enhanced health services for refugees in the future. The data will assist in planning for the longer term management of these health issues that will require coordination between different sectors of the health system.

Dissemination

Some results were presented as oral presentation in Darwin this year at the National Primary Health Care Conference 2010 by the students involved. Results were also presented to the refugee communities at the end of 2010 at a research meeting. The feedback has been very positive from the communities. It is planned to submit an article for publication.

2. Understanding the Barriers and Facilitators for Newly Arrived Refugees Accessing Health Care in Brisbane from the Perspective of Health Care Providers. Project # 1415E

Background

This project considered the experience of general practices providing health care to refugees – from the general practitioner, administrative staff and practice nurses. At present there has been limited investigation of how refugee health care is provided within the Australian general practice setting, yet most refugee health care is provided in primary care services.

After a refugee patient has had their health assessment at Refugee Health Qld, they are linked with a general practice in the local community. A number of these general practices were asked about their experiences providing refugee health care.

Funding

A grant was successfully applied from the RACGP in September 2009 and assisted with funding aspects of the research. The overarching guidance for the project through the RaPH project was funded with the CHIC Chronic Disease funding.

Ethics

Ethics approval was granted by the Mater HREC in October 2009.

Method

Purposive sampling was used to choose general practices that had patients referred to them from Refugee Health Qld. Six practices were contacted and five focus groups were organised with general practitioners, practice nurses and administrative staff participating in each group. One focus group was organised with each of five practices. The focus groups and interviews were facilitated and recorded, transcribed and later data confirmed by the participants. In total 35 people participated.

The themes emerging from the data was grouped into key themes reflecting the experiences of the providers of care.

Results

Key results included the enthusiasm general practices felt caring for refugees – this enthusiasm was described by administration staff, nursing and GP providers. The practices had all felt isolated in dealing with the complexities of refugee health and each had responded with remarkable innovation to address the issues they faced. They felt that the opportunity to discuss these issues and further training in refugee health would have helped. Issues raised in the discussions included the unfamiliar nature of medical problems encountered in the refugee

population, the linguistic and cultural diversity, the financial issues faced by the refugees. There were specific difficulties related to delivering health care to the refugee community using standard health services in the community. In particular the practices found it difficult to know what resources, including social resources, existed in the local community to help support the refugee families. The data will be used to inform developments to improve the delivery of refugee health care in the future.

Dissemination

Results have been presented as an oral presentation at the National Diversity in Health conference and as a poster at the National Primary Health Care Conference 2010. The combined results of the two qualitative projects were presented as an oral presentation at the Annual Scientific Convention of the RACGP held in Cairns in March 2011.

Results were presented to the local refugee communities and the feedback has been very positive. It is intended to submit an article for publication.

3. Understanding the Barriers to Health Access for Refugees Communities in Brisbane. Project # 1414E

Background

This project was designed to complement the other qualitative project and provide data about how refugees accessed health care in the community with the hope of informing future health care services that meet the needs of the refugees, especially the newly arrived refugees. There has been little research in this area to date. The project also enabled the training of refugees to participate in this project as peer interviewers with the hope of enhancing the research skills in the refugee communities.

Ethics

Ethics approval was granted by the Mater HREC in October 2009.

Method

Using a similar model developed by the Refugee Health Research Centre La Trobe University, five bi-cultural research assistants were recruited with the assistance of Multicultural Development Association. In partnership with the Refugee Health Research Centre an orientation and training program was developed to enable the bi-cultural assistants to

familiarise themselves with the study and the ethical considerations. Five families from five different communities were randomly selected through Refugee Health Queensland using the guidelines developed for the Ethics application. Semi structured interviews were conducted in the families' homes. The bi-cultural assistants undertook the interviews in their own language and then transcribed the data. The bi-cultural assistants further engaged in discussing the results and provided further data on the process. The RaPH project managers were responsible for organising and presenting the data.

Results

The data collected from the refugee families was organised into five themes and a journal article has been developed. (see attachment) A major finding from this research is the need to consider preferred means of information acquisition among refugee communities especially in regards to building health literacy. In particular the need to identify "trusted" individuals and safe places is paramount in ensuring newly arrived refugees access health services in a timely and effective manner.

Dissemination

Results of this study was presented at the Diversity in Health Conference in Melbourne June 2010 and at the .Annual Scientific Convention of the RACGP held in Cairns in March 2011. Refugee communities were also provided with copies of the journal article.

In addition the project gave input to a study about Vitamin B12 deficiency coordinated by the Refugee Health Network of Australia.

4. The prevalence of Vitamin B12 deficiency in newly arrived refugees to Australia. Project # 1536

Background

This project began after lengthy discussions with the Refugee Health Network of Australia with input from RaPH partners using the RaPH partnership collaboration.

Members of this partnership assisted in the initial negotiation to enable the design of a manageable national project that now involves refugee health providers in Tasmania, South Australia, Queensland and ACT. The project aims to describe the prevalence of Vitamin B12 and folate in the newly arrived refugee populations in Australia, responding to anecdotal

observations of low levels of B12 in refugee populations. Currently no data is available on this.

The ethics submission was led by members of the RaPH partnership incorporating the experience gained in the design of previous projects and successful ethics application.

Ethics

An ethics submission was made to the Mater HREC and approval was given in June 2010.

Method

The ethics process followed that of the previous prevalence project and included obtaining iterative consent with the interpreter ensuring that this was done in a culturally sensitive manner.

Data were captured using data downloaded to Refugee Health Queensland from Mater Pathology and merged at Refugee Health Qld with a spreadsheet of demographic data.

These data were de-identified after the merge and sent to Adelaide to be analysed by the team at Adelaide University.

Results

All data have been collected and we are waiting for the collated results to be available.

Regular research meetings were held while the data collection was occurring.

It is hoped that this project will be the beginning of establishing a national capacity within the diverse refugee health services so that further cooperative research projects can inform the further development of enhanced health services for refugees in the future and ultimately improve the delivery of health care for refugee in the future.

Dissemination

A poster was displayed at the Diversity in Health conference about the national collaboration. A research paper has been accepted for the Canadian Refugee Health Conference in June, 2011 in Toronto Canada.

Section 2

The stakeholders involved and the nature and impact of partnering activities (especially in relation to ongoing efforts/impacts).

The project has brought together key stakeholders from across the refugee health sector and mainstream health services including

- Tertiary education institutions - Griffith University, Latrobe University, University of Queensland.
- Key non government organizations including – Multilink and Access in Logan, ECCQ, MDA, QPASTT in Brisbane
- Divisions of General practice – SEAGP, GP Partners, Brisbane South Division of General Practice and Southeast Primary Health Care Network
- Government departments -Community and Primary Health Services Queensland Health, Chronic Disease Queensland Health, Queensland Transcultural Mental Health Centre
- Mater Health Services – Mater UQ Centre for Primary health Innovation, Refugee Health Queensland, Refugee maternity service, Mater CYMHS and Mater Marketing.

Key events and activities were guided by the partnership philosophy of RaPH for example

- Training workshop in September 2009 was developed by RaPH and RHQ
- Training workshop on 22 April 2010 was designed by a sub group of the project's partnership – including the ECCQ, three divisions, QPASTT, RHQ, Transcultural Mental Health, MDA and practice nurses and GPs in private practice.
- The Interactive forum of 19/10/2009 resulted from a collaborative effort of a number of agencies - RaPH – Refugees and Primary Health Project, Community and Primary Health Services – Metro South (Queensland Health), the Ethnic Communities Council of Queensland Chronic Disease Program and the Logan Natural Helper Partnership.

Opportunities for collaboration beyond the scope of the project have also been identified through the project by partners for example

- Community and Primary Health, QPASTT and the Refugee Maternity Service at the Mater Mother's Hospital looking at developing an outreach service.

- QPASTT MDA and Refugee health Queensland engaged in a facilitated dialogue through the development of clinical access pathways and information sharing – identifying gaps and developing resources.
- The project has enhanced the research capacity of UQ, Griffith Uni and Latrobe through the Research and Evaluation Working group and has identified opportunities for joint research and building vital links and relationships.

The most important contribution however has been the impact RaPH has been able to make in developing partner's understanding on notions of "partnership" and on evaluation of partnerships.

The RaPH partnership rejected the implication that the success of any partnership be measured against its ability to demonstrate "collaboration" regardless of the purpose of the partnership, the vast differential status of the various parties in a partnership and in absence of acknowledgement of the resources (human, structural and financial) that a true collaboration requires to function properly. The RaPH Project challenged the implicit assumption that "collaboration" equals "successful partnership". RaPH sought to establish a set of guiding principles to enhance the development of the partnership. Through the project management partnership, RaPH adopted an concept of success in partnership as one which

- Allows for needs of individual partners to be met in terms of "synergy" "mutuality" and "transformation"
- AND, places the needs of the partners within the overarching agenda of meeting the objectives of the project (i.e. improving the delivery of primary care to refugee communities at risk of developing chronic disease.)

The RaPH project developed options for the Research and Evaluation Committee to consider. The outcome was the development of a questionnaire based on the Centre for the Advancement of Collaborative Strategies in Health – Partnership Self Assessment Tool. The results of this evaluation are included in the Evaluation section below.

Section 3

Evidence in relation to the KPIs listed in the project proposal and any other statements that indicated what the project was anticipating to achieve using the proposed evaluation mechanisms.

Attached – Evaluation report being authored by Sarah

Section 4

Information on enablers and barriers to the work of/implementation of the project and how barriers were managed.

Enablers.

The project was greatly assisted in achieving its aims by a number of factors. Chief amongst these was the ability to form effective and productive working relationships with key stakeholders, the opportunity to access strategic support and advice, the capacity to reach a clear shared understanding about the partnership objective of the project early on and the capacity for the RaPH project to develop ideas for debate and consideration.

1. Relationships with key stakeholders.

- 1.1. From the outset the project was designed to value add to the clinical work being undertaken by the then recently established Refugee Health Queensland. Regular individual meetings were held between the RaPH project and staff of RHQ to ensure that collaboration could be effected where possible and that the RaPH project could continue to building the capacity of the service provider sector in a way which enhanced the vision of RHQ. RHQ was also represented on the RaPH Project Management Group, the Clinical Access and training Working Group and the Research and Evaluation working group.
- 1.2. Other key stakeholder relationships included relationships with those agencies who were focused on service provision to refugee communities including Multicultural Development Association, the Ethnic Communities Council of Queensland – Chronic Disease Program, the Queensland Program of Assistance to Survivors of Torture and Trauma, the Queensland Transcultural Mental Health Centre. The project managers met regularly with each of these agencies outside of the formal working group and management group settings.
- 1.3. Refugee communities have both formal and informal leadership structures. The project managers were able to harness the leadership capacities of both formal and informal community leaders. Community leaders played an active role in the original design of the project, served on the formal governance structures of the project such as the management group and the working groups, and were engaged in providing consulting advice and guidance through out the project.

2. Strategic advice

2.1. The project managers were able to access considerable advice, resources and support from colleagues and agencies who are members of the Victorian Refugee Health Network. The Victorian Refugee health network has been operating for approximately 4 years. The network shared with the RaPH project

- Clinical information about health conditions people from refugee backgrounds present with
- Clinical pathways adopted by the Victorian Refugee Health network to facilitate effective service delivery
- Policy papers and strategies adopted in Victoria that have enabled improved service delivery
- Facilitation of professional development and planning to key stakeholders in Brisbane.

2.2. The project was fortunate to have support from the Latrobe Refugee Research Centre. The guidance offered by the Latrobe Refugee Research Centre in achieving the projects aims to ‘build the evidence base’ was especially crucial. This ensured that research activity undertaken by the project was empirically and ethically sound and added to rather than duplicated existing research initiatives. The breadth and depth of experience of the Latrobe Refugee Research Centre also contributed greatly to project governance including the partnership objectives and evaluation plan.

3. Developing a shared understanding of “partnership” early on

3.1. The contributions offered to the project by its partners – particularly the Queensland Transcultural Mental Health Unit and the Latrobe Refugee Research Centre - were also a significant enabler for the project to achieve the partnership objective. As a health service provider the QTMHU understood the importance of the partnership approach to health service delivery particularly to refugee communities and was able to comment on and provide advice on developing clarity around the understanding of the notion of partnership in a context where resources, agendas, priorities amongst partners are vastly different. Early discussions about shared understanding and expectations provide to be an important enabler for the project.

4. Capacity for the RaPH project to develop ideas for debate and consideration

4.1. The RaPH project was not involved in service provision at any stage. The experience of the project is that the objective and developing a model of health service is best separated from the clinical focus of service delivery. Inevitably the magnitude and urgency of the service delivery overwhelms developmental work. Thus having the RaPH project focusing on developmental work only proved to be a significant enabler as well.

Barriers.

The RAPH project was fortunate to encounter few barriers. Changes in staff in key services (e.g. Refugee Health Queensland) proved to be only a minor disruption to the collaborative aspiration of the project with RHQ. However a major issues requires mention because of its negative impact it has in developing an integrated model of health care for people from refugee backgrounds at risk of developing chronic disease. Initiatives such as the RaPH are restricted in their capacity to achieve outcomes by the short term and uncoordinated nature of many initiatives in the sector, and also by the absence of an overall policy to guide the development of health and well being support to people from refugee backgrounds beyond the immediate post arrival phase.

1. Short term and uncoordinated nature of many initiatives in the sector

The development of an integrated model of primary care for populations at risk of developing chronic disease is severely reduced due to the short term and uncoordinated nature of a number of community initiatives. This means that well developed and well constructed initiatives are lost when funding ceases. There is an apparent lack of leadership and policy in the Queensland context to assist in the planning and integration of a holistic health and well being approach to refugees beyond initial settlement phase. In the absence of a policy which coordinates development of service and community support, initiatives will continue to be short term and uncoordinated. The realisation of the impact of the ad hoc nature of funding in this area led the project to conclude that advocacy around policy development was an imperative. It is a necessary precondition in attempting to

articulate a model of service for refugees at risk of developing chronic disease. This project therefore has included the development of a discussion paper designed to build the conditions necessary to bring about policy changes.

Section 5

Provision of hard/electronic copies of any relevant documentation produced (e.g. learning materials or pathways).

See **Documents** section for copies of

- Promotional material
- Clinical resources
- Community consultations
- Policy submissions
- Research submissions
- Conference presentations
- Journal articles

Section 6

Statement around whether proposed project effectively/efficiently achieved the anticipated outputs and outcomes listed in the project proposal.

“This project effectively and efficiently achieved not only the anticipated outputs but exceeded project outcomes as outlined in the Evaluation report attached”.

Section 7

Advice on ongoing sustainability

The project team believes that the major achievement of the RaPH project is the likely sustainability of substantial project outcomes. These are grouped under three headings: Organizations, Staff and Process.

Organisations

- i) As noted above the RaPH obtained and managed funding to build the **Refugee Health Network of Australia (RHeaNA.)**

RHeaNA is a recently established informal national network of 30 refugee health workers from a variety of disciplines who share a concerned interest in refugee health issues. It aims to provide a forum for exchange of information about refugee health that will enable the organisation to effectively advocate for quality health care for refugees in Australia, develop a research agenda around issues related to refugee health and to advise on policy issues related to refugee health.

The RaPH contributed significantly through this funding to building RHeaNA's strength, impact and sustainability. The funding obtained enabled RHeaNA to resolve some structural, membership and governance issues, scope funding possibilities, develop a communication strategy, and draft ideas for a strategic plan.

At the close of the RAPH project RHeaNA continues to thrive.

- ii) Project partners have committed to furthering the aims of RaPH beyond its close.

The **Ethnic Communities Council of Queensland** through the Advocacy position has highlighted the need to build a health policy that addresses the needs of refugees and other culturally and linguistically diverse communities. This position will contribute to building the case for policy development.

The **Ethnic Communities Council of Queensland** to develop its work with multicultural

communities. The Chronic Disease program aims to address the prevalence of chronic disease through the Lifestyle Modification program and the Multicultural Health Education program. This will ensure that the substantial outcome in relation to access to services for refugees at risk of developing chronic disease continues. Furthermore on the ECCQ Chronic Disease program website links to the on line resource for general practice will be promoted and actively supported.

Discussions between the project managers of RaPH and the **Multicultural Development Association** have highlighted the need for ongoing advocacy work in relation to community empowerment to improve refugee health outcomes. MDA are well placed to build the capacity of the community sector and to building a refugee health network that is separate from clinical delivery. The changing primary health care context with the establishment of Medicare Locals has been factored into these discussions. Meetings with identified divisions of general practice who are currently tendering for Medicare Locals have highlighted the need to consider refugee health planning and engagement with MDA. At the time of writing discussion around the sustainability of this outcome is continuing.

In addition the **Multicultural Development Association** is committed to build health literacy capacity amongst refugee communities. As stated above, research has found that refugee communities turned to trusted members of the community for health advice. The RaPH project has developed a funding proposal for a collaborative project between Mater Health Services and MDA to develop health leadership amongst refugee women. The outcome of funding applications is currently unknown.

Staff

Training has been delivered to significant numbers of doctors, nurses and other staff through the RaPH project. Refugee Health Queensland has agreed to continue to provide ongoing training professional development and support to primary care staff. RaPH has facilitated an ongoing professional development role through

- production of DVD and training materials
- provision of the link between those training materials and the system to allow training participants to claim CPE points for completion.

The RaPH project has made a significant contribution to the understanding of core concepts in

health delivery such as “partnership” in the context of a primary care approach. It is hoped that **Senior Leaders** who participated in RaPH will be able to draw on this conceptual development in this and related contexts in the future.

Clinical leaders will continue to have access to resources developed by the project such as the desk top guide and the DVD. A distribution schedule was developed and these resources have a broad accessibility in Brisbane and beyond.

Process

The overarching concern identified by the RaPH project is the absence of a policy that guides the development of primary care for refugees, including those at risk of developing chronic disease. A discussion paper has been developed by RaPH to generate dialogue and build that case for policy development in this regard. The Paper will be completed outside the scope of the project and has been supported by the Mater UQ Centre for Primary Health Innovation. It is hoped that **progress** towards achieving this goal will be **monitored** by project partners – **Multicultural Development Association** and **Ethnic Communities Council of Queensland**. As outlined above, RaPH has played a critical role in establishing the Refugee Health Network of Australia (RHeNA). This network has a key national role to monitor progress and develop collaborative links.

An important goal of the RaPH project was to build the evidence base for developments in policy and service delivery. RaPH supported and engaged research endeavours. The research outcomes have been written up in the attached article (see Documents). This article is being presented to credible peer reviewed journals. Publication will assist RaPH to demonstrate the **credibility of evidence** which the RaPH research endeavour established.

Finally the RaPH project has contributed to sustainable outcomes **beyond directly helping patients**. RaPH has been present in early negotiations around the placing and parameters of Medicare locals and has been able to ensure that the needs of refugee patients are considered as Medicare locals are implemented.

In addition the opportunities for input to policy – such as the Chronic Disease consultation and the consultation around the efficacy of the Integrated Humanitarian Settlement Strategy, ensure that the voice of refugee patients continues to be heard.

