

Refugee Health Assessment Case Study: Greater Dandenong Community Health Service

The City of Greater Dandenong receives more humanitarian settlers than any other LGA in Victoria - 24.6% of all settlers in 2006/07¹. Greater Dandenong Community Health Service has worked for many years to enhance access to culturally appropriate services for newly arrived refugees in the area.

Access to MBS-funded Refugee Health Assessments

The appointment of a full time refugee health nurse, Sue Willey, in March 2006 under the Victorian Refugee Health Nurse Program has improved the capacity of individuals from refugee backgrounds to access and receive quality health services² including GP refugee health assessments for clients who have not already had one. Her central coordinating role complements and enhances work performed by privately practicing GPs and that of a GP employed within GDCHS on a part-time basis.

Clients from a refugee background are referred to GDCHS in many ways, including:

- From Australian Multicultural Education Services (AMES) settlement case workers
- Through refugee sponsors, who may refer or accompany a refugee client to a GP
- From private general practices in the area
- From The Victorian Foundation for the Survivors of Torture Inc. (Foundation House)

Generally the refugee health nurse will see clients after an initial GP assessment but then may support the AMES case coordinator in determining whether a client needs a more comprehensive medical assessment, or immediate treatment. Referral options include:

- To other GPs in the region that have will provide health services for refugees
- To the GDCHS GP – useful when a refugee has moved from another area or has already been receiving GDCHS midwifery program services
- Directly to the Refugee Health Clinic at Dandenong Hospital

GDCHS has played an active role in establishing links with local general practices. In order to increase access to refugee health assessments in the area, the AMES refugee settlement service provided GDCHS with a list of local GPs with a special interest in refugee health and the refugee health nurse offered a practice visit to each of these GPs to determine whether they would be willing to accept referrals. There are at least nine GPs in local general practices who are prepared to provide bulk billed MBS refugee health assessments for refugee clients.

When MBS health assessments are provided by the GP within GDCHS, it is generally completed in 2 sessions of at least 30 minutes each. He is assisted in the collection of information by the refugee health nurse. The General Practice Victoria refugee health assessment tool³ is used, and a copy of the assessment is provided to the client/s. Assessments often lead to further sessions with the refugee health nurse who is able to coordinate services for clients. Referrals for pathology, chest x-rays, counselling and other specialist services at Dandenong Hospital are common and clients often require assistance to link in with other health service providers.

Enablers

- The structured role of the refugee health nurse is a direct enabler, leading to enhanced coordination of services for refugee clients including direct service provision; establishing referrals with local GPs, allied health and specialist services; and assisting clients with interpreting services and transportation
- The commitment of GDCHS and the range of organisations involved to serve refugee clients in the City of Greater Dandenong is a direct enabler. GDCHS have developed strong partnerships with Foundation House, AMES, Dandenong Hospital and the Dandenong Casey

¹ Australian Government Department of Immigration and Citizenship, 2007. Quoted from: Kelly, Mary. 2008. *Greater Dandenong Community Health Service Refugee Health Nurse Project*. Melbourne: Refugee Health Research Centre.

^{2, 25} Ibid.

³ www.gpv.org.au – then click “refugee health assessment tools”

General Practice Association. These organisations facilitated a refugee health forum in 2007, attended by 130 people⁴

- The tools available to assist in the completion of the item number are helpful. These include instruction manuals, templates, and guides which are available on the GPV and Foundation House websites.
- Sometimes the GDCHS general practitioner assesses each member of a family when they are all in the consulting room together. The ability to claim multiple MBS refugee health assessment item numbers when this occurs enhances the viability of the service.

Challenges

- Medicare allows the provision of only one refugee health assessment per client, and it is sometimes difficult to determine whether or not a service has already been provided
- Clients often require assistance to attend an appointment, and sometimes do not attend a scheduled appointment. Strategies used to assist clients to keep scheduled appointments include: reminders provided by reception one week before the scheduled appointment; and transport assistance from AMES volunteers, from sponsors, through cab vouchers or a personal transport service provided as a last resort by GDCHS
- Language barriers are usually a challenge. DHS provides funding through the refugee health nurse program to purchase sessional interpreting services, and GDCHS also use professional interpreters booked through interpreting agencies. Telephone interpreting is used when onsite interpreters are not available.

Next Steps

GDCHS is investigating a model to build further rapport with refugees settling in the area by co-locating allied health staff in GPs' private practices for one or two sessions a week. "We've got a focus on the newly arrived refugee community. They understand the importance of a doctor therefore will go to a doctor but will not necessarily seek to engage with allied health staff – our area of specialty – in the first instance and in our setting" says Glenn Taylor, Manager of the Screening and Clinical Care Program. "So what we are planning to do is help allied health staff develop a rapport with the refugees and service providers in private general practices and then talk to them about the additional services that community health can offer... in addition to offering to see clients in their own environment".

GDCHS is also working closely with Dandenong Hospital to begin a general practice service specifically for asylum seekers.

With thanks to Sue Willey, Glenn Taylor and Dr Raymond Chan of GDCHS.

⁴ See http://www.dddgp.com.au/cms/CMS_images/resources/June%20Newsletter.688.pdf