

Refugee children and their medical needs – an Illawarra experience.

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Definition of a Refugee

- Definition from the UN - *Article 1A, 1951 Convention on the Status of Refugees*:
“Owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside of the country of his nationality and is unable or owing to such a **fear** is unwilling to avail himself of the protection of that country...”

Refugees in 2007.....

- Worldwide there are 31 million classified by UNHCR as 'people of concern', including 11 million refugees
- Australia granted 13,017 humanitarian visas in the 06/07 year.
- 3,019 settled in NSW, and 132 settled in the Illawarra catchment area.
- 52% were children and young people.
- Around 37% were from Africa, 27% from the Middle-east and 26% from Asia.

Pre-departure screening of children and young people

- General medical check – fitness to fly.
- TB screening (CXR) – >11 yo
- HIV screening – >15 yo
- Urinalysis – >5yo
- Malaria screen +/- treatment – all
- Albendazole anti-helminthic treatment – all
- MMR immunisation – all <30 yo.
- Syphilis screening - >15 yo living in refugee camp.

- Any unaccompanied minor – Hepatitis B and HIV.

Children at-risk



- Physical and psychological problems.
- Often multiple and complex.
- Often asymptomatic.
- Many treatable.
- Preventable complications.

Barriers to health care after arrival

A faint, light blue world map is visible in the background of the slide, centered behind the text.

- cultural and linguistic barriers
- financial constraints
- poor awareness of available services
- social and geographic isolation
- poor awareness by health providers of their complex health needs

Cultural and linguistic diversity

A world map is visible in the background, rendered in a lighter blue color against the dark blue background of the slide. The map shows the continents and is centered on the Atlantic Ocean.

- Definitions and explanations of disease.
- Distrust of governmental services
- Fear of going to hospital.
- Use of an interpreter.
- Expectations of cure vs treatment
- Attitudes of medication.

Gender sensitivities



- Gender roles.
- Female examination.
- Discussion of female problems.
- Sexual exploitation / rape / female genital mutilation.

Other sensitivities of health assessment

- Discussion of traumatic experiences in the presence of children.
- Fear of deportation in disclosing medical problems.
- Fear of testing for illnesses (eg HIV).
- Domestic violence and child discipline norms.

Cultural awareness tool

by Jill Benson

- What do you think caused your problem?
- Why do you think it started when it did?
- What do you think illness does to you?
- What are the chief problems it has caused for you?
- How severe is your illness?
- What do you most fear about it?
- What kind of treatment/help do you think you should receive?
- Within your own culture how would your illness be treated?
- How is your community helping you?
- What have you been doing so far?
- What are the most important results you hope to get from treatment?

Benson, Jill. Refugee Health. Proceedings of the RACP Congress; 2008 May 11-15; Adelaide, Australia.

Screening recommendations

- RACP Policy on health of refugee children 2007:
 - Routine comprehensive health assessments for all refugees shortly after arrival
 - provision of publicly funded health care which is high quality, accessible, culturally respectful and affordable
- Australian Society for Infectious Diseases (ASID) 2008:
 - Screening and management guidelines for newly arrived refugees

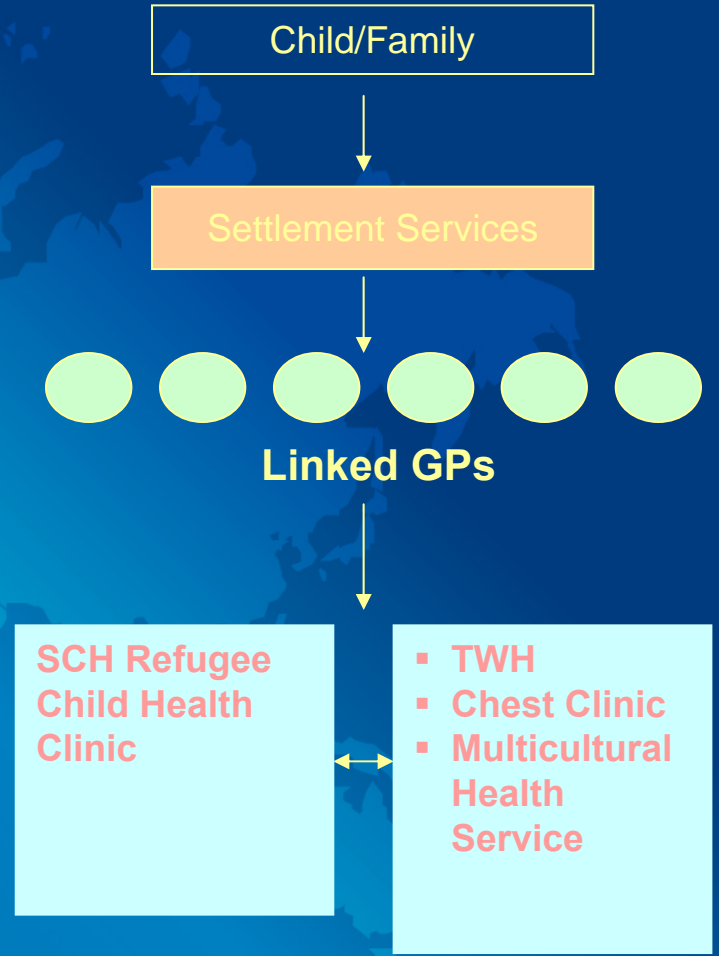
What is happening in NSW?

- Only 21% of newly arrived refugee children in 2005 accessed screening at specialised refugee services.
- No routine screening to all new arrivals.
- Medical care often on an ad hoc basis.
- No formalised screening of Refugees in the South-East Sydney Illawarra Area prior to 2007.
- Needs assessment 2001 and 2006:
 - partnerships, interpreters, information resource on services, population-based intervention.

What happened in 2007.....

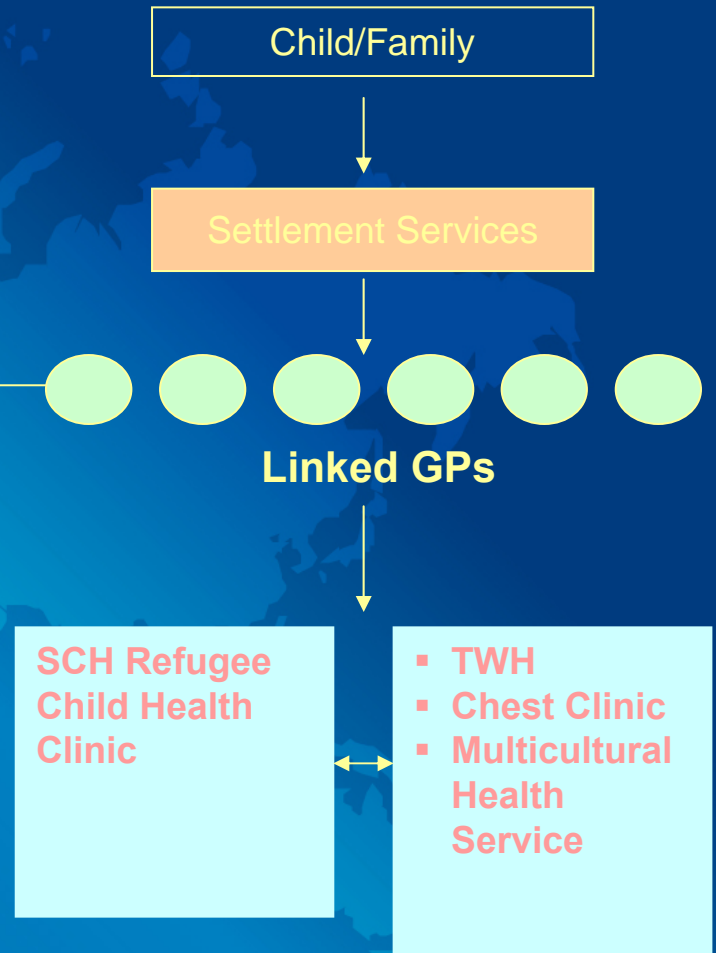
- Innovative model of care – GP-Hospital Collaborative Care Model.
- Illawarra area.
- Developed by Sydney Children's Hospital (SCH), The Wollongong Hospital (TWH) and Multicultural Health Service (MHS).
- Provide screening program to capture all new arrivals.
- Community based refugee friendly GPs as centre of care.
- Developing partnerships between settlement services, primary and tertiary health care service.

GP-Hospital Collaborative Care Model



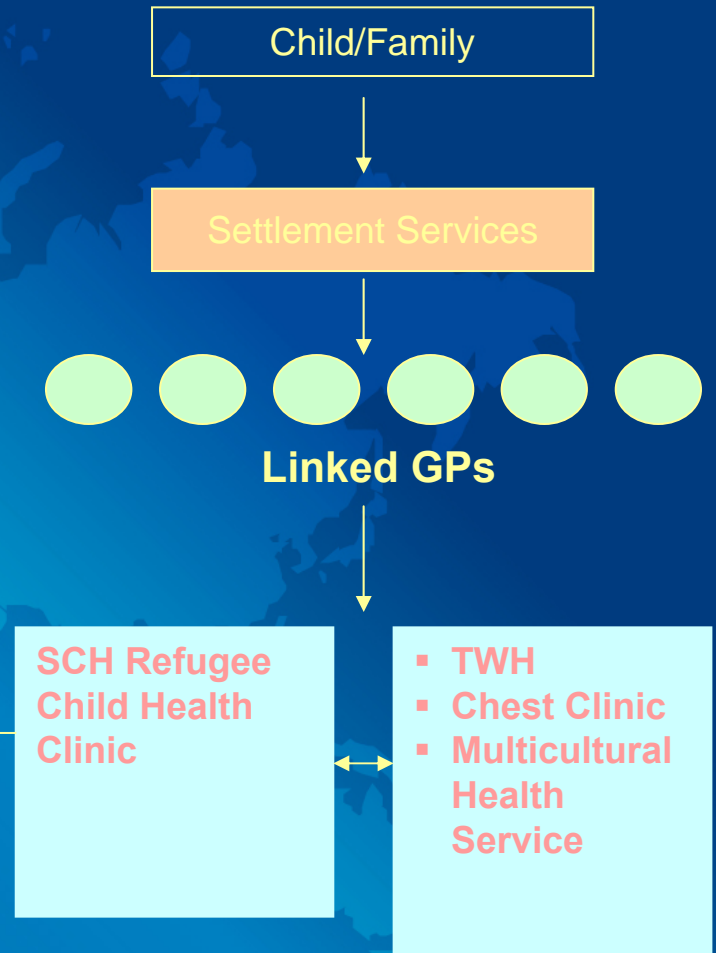
GP-Hospital Collaborative Care Model

- Interested GPs recruited through Division of GP
- Guidelines provided by Wollongong Hospital and Sydney Children's Hospital
- GPs conduct routine comprehensive health assessment
- Regular GP training and opportunity for feedback
- GPs provide ongoing family-centred care



GP-Hospital Collaborative Care Model

- Provide tertiary referral service
- One-stop shop clinic configured as required
- Maintain database/track health status
- Proactive in follow-up and support through Refugee Health Nurse



Aims of the refugee program

- To provide routine and comprehensive health screening to all newly arrived refugee children and families.
- To achieve full immunisation of refugee children and young people with 12 months of arrival.
- To provide accessible ongoing health care, that was family centred.
- What is the burden of disease in this population?

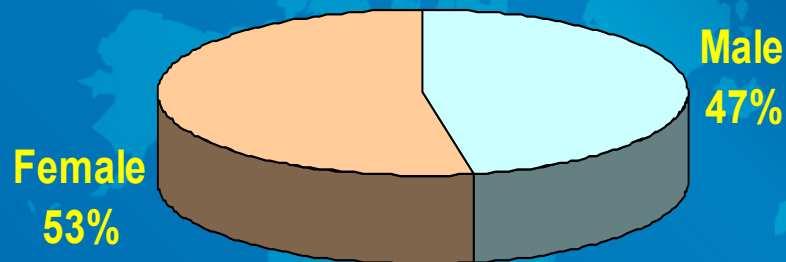


After 18 months.....what has happened?

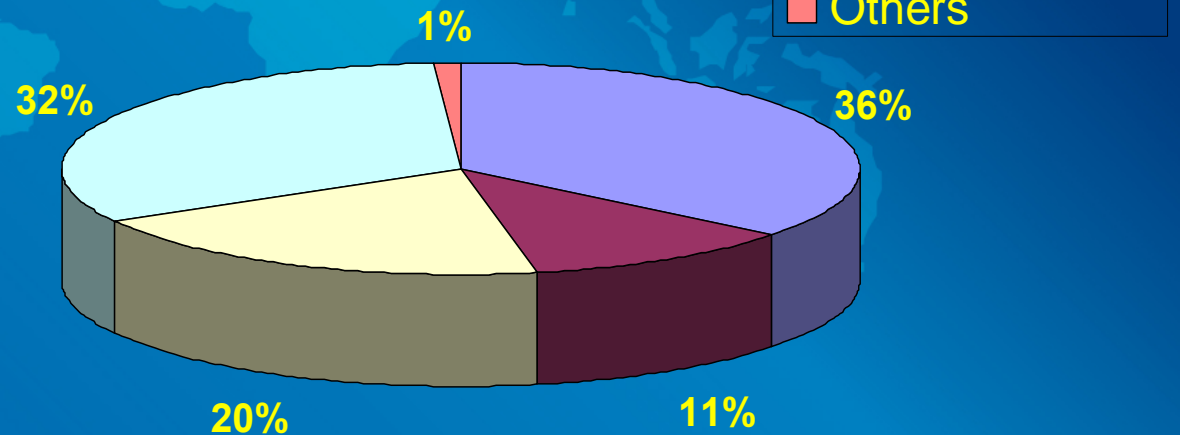
Gender

n=81

100% of children seen.

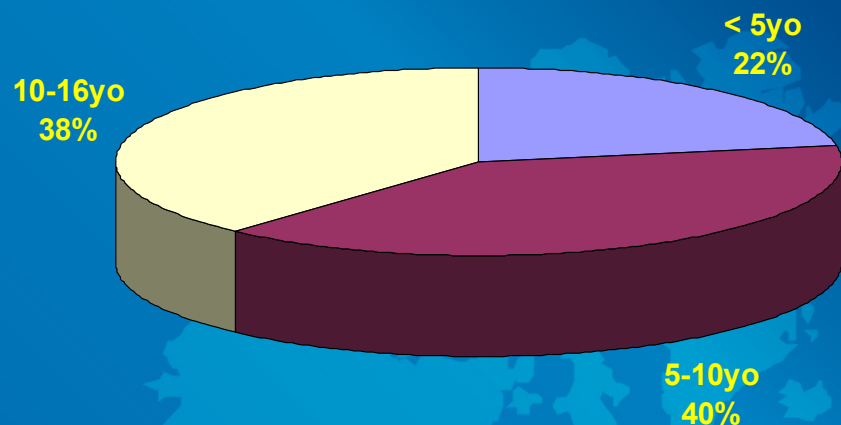


Region of Origin



- East Africa
- West Africa
- Central Africa
- South-East Asia
- Others

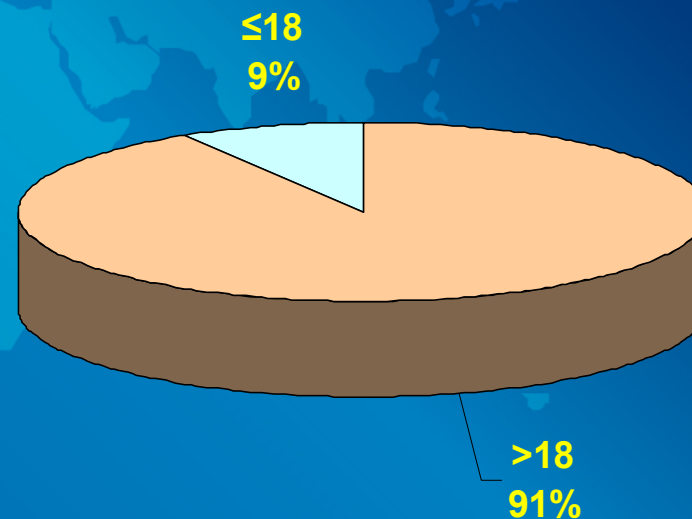
Age



Mean age 8.4 years (0.6-15.6)

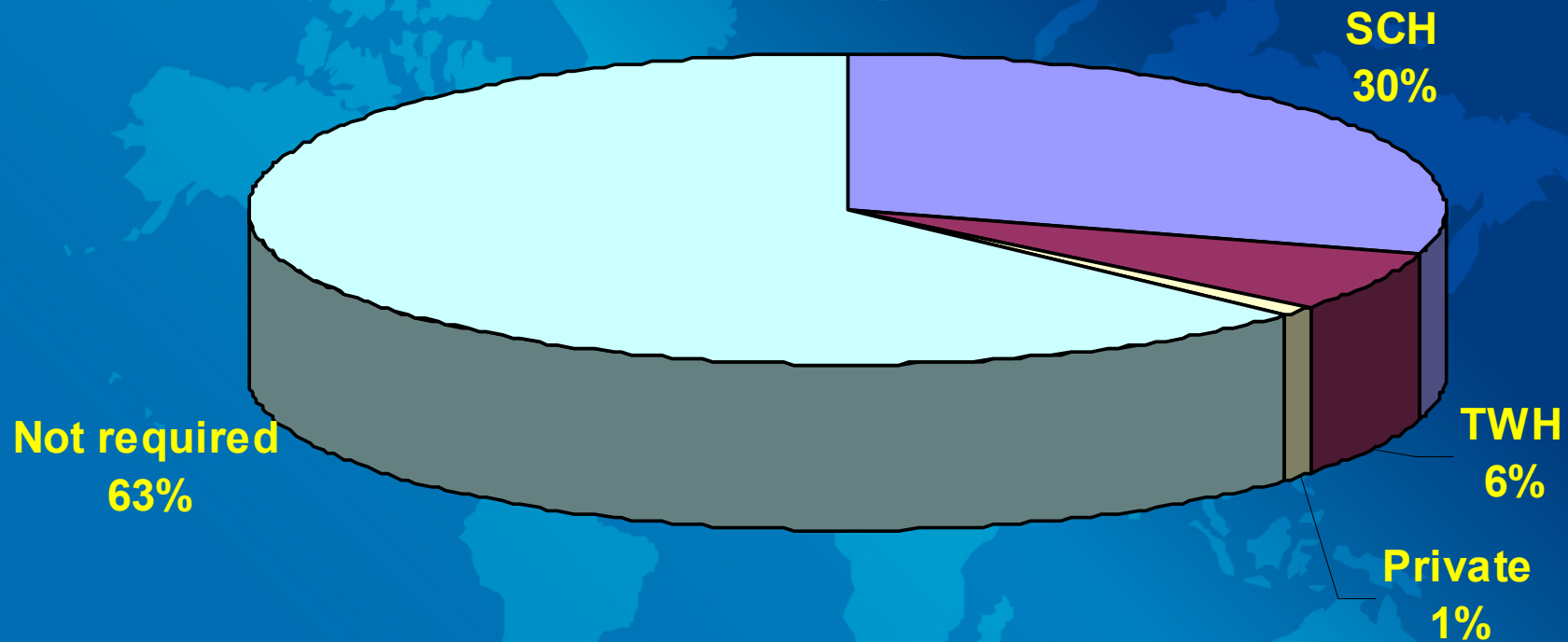
GP	Number of children	Mean number of screening tests
GP 1	6	21.83
GP 2	9	21.56
GP 3	20	21.55
GP 4	10	21.00
GP 5	25	20.36
GP 6	3	22.00
GP 7	6	21.50
Other GPs	2	14.50

Completeness of Screening Ix done (out of 22)



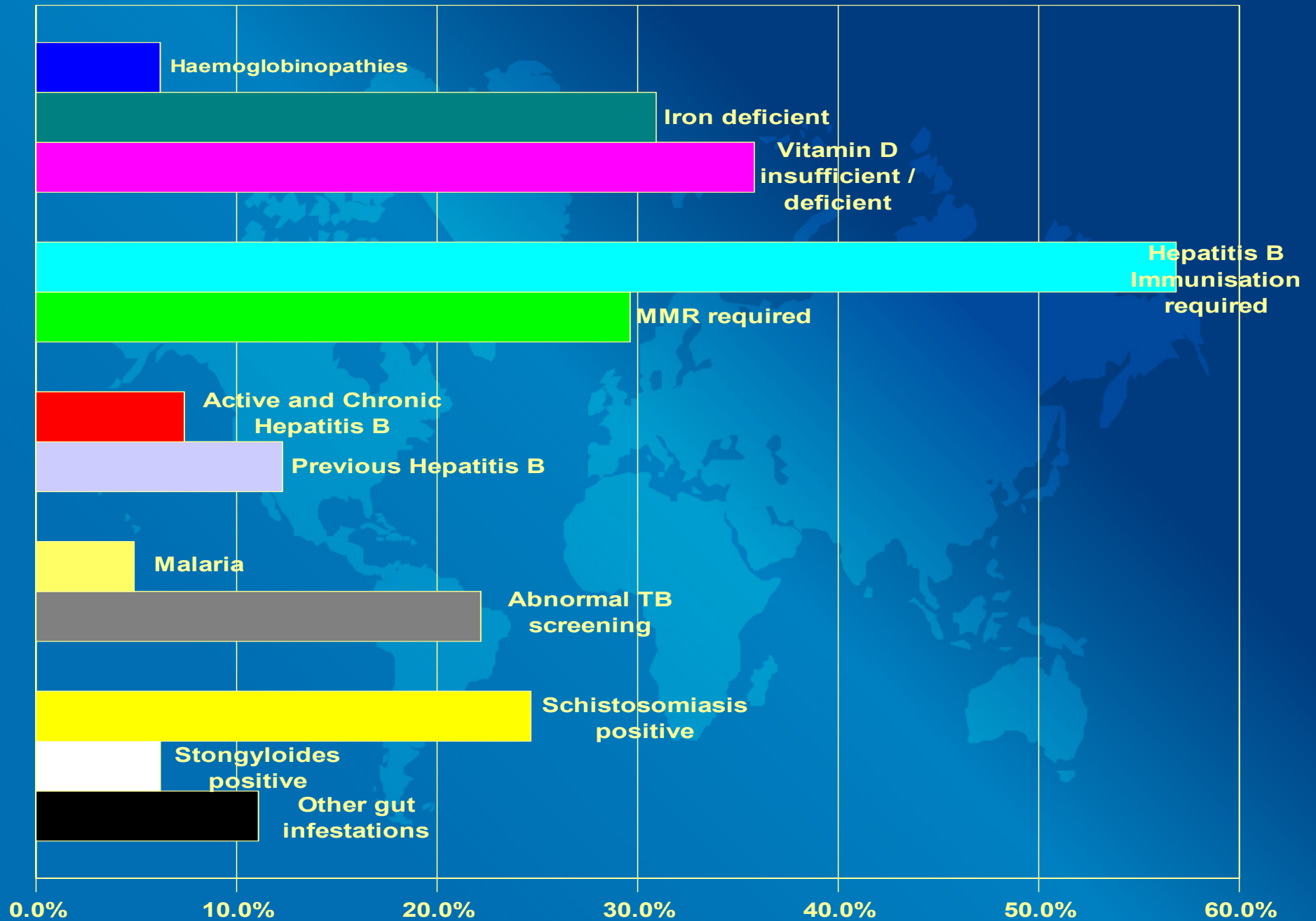
Anova p-value <0.001

Tertiary / Specialist Referral



- 5% of children required admission to hospital.

Health problems detected



Catch-up immunisation

- 66.7% were under-immunised for Hepatitis B, Measles or Rubella.
- 100% of children commenced catch-up immunisation, as recommended by the Immunisation Handbook.
- Immunisations provided primarily by GP (pre-high school children), and also by the Public Health Unit through the Intensive English Centres and the SCH Refugee Child Health Clinic.

Obstacles



- Vitamin D
- Hepatitis B
- Treatment of GI parasites
- Immunisations
- Hemoglobinopathy – genetic implications
- HIV screening

Conclusion

- There is a significant burden of health problems, mostly asymptomatic, diagnosed on screening.
- This model of care is able to provide access to routine screening and immunisation catch-up for newly arrived refugees.
- The commitment of the GPs and a Refugee Health Nurse are essential components.
- This has been capacity building, and has strengthened Primary-care-hospital relationships and developed partnerships with other agencies.



The future?



- Further evaluation over time (a larger cohort) will allow analysis of differences in disease burden between groups within the cohort.
- Sustainability of the Model?
- Assess the ability of the Model to provide ongoing long-term health care to this population.
- Can this Model work elsewhere or for larger populations?

Acknowledgements



- 2006 Multicultural Health Unit
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- Public Health Unit SESIH.
- Immunisation Clinic SCH
- SCH Management Group.
- SEALS.
- SCH Specialty and Allied Health Departments.