

# The Southern Way

a journey beyond  
“delivering health services for former refugees”

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# Our Journey: the Southern DHB Refugee Health Care Strategy

**OUR VISION (community):** ... *people enjoy the same good health, through the delivery of services responsive to their distinct cultural values*

**OUR VISION (refugees):** ... *support successful integration ... into the Dunedin and Invercargill communities through delivery of health care that meets distinct cultural needs and health needs*

...

*...achieve equitable health outcomes ... for our Culturally and Linguistically Diverse community*

## **OUR VALUES**

*Integration: becoming a community member*

*Respecting differences: to deliver quality care into the community*

*Humanity: focus on privacy, respect and non-discrimination*

*Person-centred: lens applied to enable self-management of health*

# Our Journey: in the beginning...

## **Middle Eastern refugees (Dunedin)**

- 2015
  - agreed intake of 750 by Govt.
- SDHB resettlement quota
  - 2015/16 intake of 90
  - 2016/17 intake of 150
  - 2017/18 intake of 180 (ongoing with the addition of Afghani resettlers)

## **Columbian refugees (Invercargill)**

- SDHB resettlement quota
  - 2017/18 intake of 30
  - 2018/19 intake of 90 (ongoing ...)

## **Southern DHB**

- Pre arrival
  - Nov 15 Dunedin selected
  - MBIE briefings Jan-Mar 16
  - Red Cross lead agency - coordination of care
  - No identified leads for strategic development / implementation or health
  - DHB planning lead by PHS
  - DHB to partner with PHO
  - Resettlement strategy adopted March 16 and local implementation commenced
- Pre arrival
  - May 17 Invercargill selected
  - Planning based on lesson's learnt

# Our Journey: Language is Key

- **HDC Code #5 – Language is key**
  - Face-to-face Interpreting
  - Access for all-of-health
  - Relationship building w/ the Middle Eastern Community
  - Continuous improvement across the service
  - 7222 appointments (30 months)
  - Refugee DNA rate = 3% vs 9% Gen Pop
  - Partnering with Dunedin City Council



# Our Journey: our chosen approach

<b>Priority actions</b>	2. integrate people into current health models	4. take a whole of health services approach & focus planning around person-centred care	5. empower all health services to identify their own needs to improve delivery	7. to be guided with community expertise around barriers and solutions to delivering culturally responsive care
<b>How we make things work</b>	1. plan, evaluate and implement	3. identify health needs; focus on prevention, early identification & intervention	6. identify health services whom additional resources may be required to provide equitable care	8. advocate for issues affecting the health of the refugees in multi-sectorial planning
<b>Evidence</b>	9. evaluate progress and modify the action plan to underpin planning and implementation beyond the one year project			

# Our Journey: **service utilisation**

	Primary Care	DHB provider arm	Community services/NGO's	Diagnostics / testing	Screening services
Dunedin	47%	29%	18%	5%	<0%
Invercargill	55%	30%	12%	3%	-

Services (Dunedin only)	% of Total Visits	% of Non Primary Care Visits
Dental School	9%	16%
Community Oral Health Service	5%	10%
Emergency Department	3%	5%
Midwives	3%	5%
Physio outpatients clinic	3%	5%

# Our Journey: challenges

## First 12 months

- Leadership role
- Secure funding
- Establish pathways
- Create interpreter service – external/internal
- Ethically appropriate service monitoring
- Growing a culturally competent workforce
- Mangere Resettlement Refugee Centre challenged by new implementation model
- Support primary care by addressing their concerns and system failures

## Now

- Capacity issues within primary care
- Managing oral health expectations/demands
- Some services going beyond the “call of duty” and creating dependencies
- Imminent diversification into new languages; national review of interpreting
- Discouraging case management; preference to increase support to health service providers
- Expanding and support of health workforce to improve cultural competencies
- Creating inequities, many NZs would benefit from the same financial support
- Provide education to both end-users & health service providers regarding expectations

## Our Journey: **the benefits of our model**

- **Integration** through all sectors of health from the outset.
- The adoption of an **equity** approach.
- **Development** of whole of health sector expertise in refugee health and competencies for culturally and linguistically diverse people.
- Face to face interpreter access across the health sector.
- A strong relationship with **primary care** from the outset.
- A quality improvement approach with continuous **evaluation** to identify and resolve gaps and issues.