Afghan Community Engagement Project

Building community capacity to better understand and access primary health care services

Report May 2015

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The project team would like to thank the following for their contribution.

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Thank you all.

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Afghan Community leaders, volunteer Community Workers, local service providers and SEMML staff

Contents

Acknowledgements 2

Executive Summary 4
- Project establishment 4
- Consultation 4
- Peer education model and delivery 4
- Key achievements 4
- Lessons learnt 5

Introduction 6
- Project Aim 6
- Objectives 6

Background 7

The project team 8

Why a community engagement approach? 8

Connecting with the local Afghan community 9

Building strong partnerships with service providers 10

Advisory groups in partnership 11

Consultation 12
- Community 12
- Local service providers 12

Findings 13

Identifying Priorities 14

Developing a Peer Educator Model 15
- The volunteer role 16
- Volunteer recruitment 16
- Volunteer Training 17
- Volunteer support 17

Use of key messages 18
- Your General Practitioner 18

Resources to support volunteers 19

Key outcomes 20
- Quality of community and stakeholder engagement 20
- The quality of the volunteer training program 20
- Health Literacy of Community Workers 21
- Reach of the Community Workers 21
- Impact of the health information sessions 21
- Quality of information sessions 23

Lessons learned 24

Appendix One - Curriculum for the SEMML Afghan Community Worker Training 25
- Stage One – Health and accessing health services 25
- Stage Two – Mental health and wellbeing 25
- Stage Three – Child Health and Wellbeing 25

Appendix Two – Afghan Community Engagement Project – Key Messages 26
- Stage One - Health and accessing health services key messages for community members 26
- Stage Two – Emotional health and wellbeing key messages for community members 28
- Stage Three – Child health key messages for community members 28

References 31

Executive Summary

The Cities of Greater Dandenong and Casey are home to approximately 20,000 residents who have arrived under refugee and humanitarian resettlement programs over the last two decades. This region of Melbourne is the preferred site of Afghan resettlement in Australia[1]. In 2011 there were 6,992 Afghan-born residents living in the region. This population continues to grow at a rate of over 600 per annum, making it the region's fastest growing refugee and humanitarian migrant group.

It is known that refugees and humanitarian migrants can have complex health and social welfare needs. This is related to their often traumatic experiences before arriving in Australia and challenges of resettlement. It is also know that Afghan migrants have very limited understanding of the Australian health system on arrival.

The need to support the Afghan community to better access local health services was identified as a priority in the region's Refugee Health Care Needs Assessment 2011 and SEMML's 2012 Population Health Needs Assessment.

In response, the Afghan Community Engagement Project was established to improve the health literacy of the Afghan community in Melbourne's southeast through community-based health literacy activities and through strengthening the partnerships between the community and health organisations.

Project establishment

The project commenced in January 2013 and continues to be a vital component of SEMML's refugee health program. This included the recruitment of bicultural project staff, Afghan representatives to the Community Advisory Group and Stakeholder Advisory Group members.

Consultation

A comprehensive community and stakeholder consultation identified a range of issues impacting on the health and patterns of accessing services of the local Afghan community. Discussion took place with over 200 community members, Afghan community leaders, and key health and social welfare stakeholders within the region.

The Community Advisory Group and Stakeholder Advisory Groups worked collaboratively with the project team to determine the project priorities. These were:

1. building an awareness of how health services work
2. addressing the poor understanding of how to access local health services
3. promoting an awareness of health conditions
4. improving understanding of mental health

Peer education model and delivery

A 'peer education' approach was adopted and a volunteer workforce from the local Afghan community established. This workforce was equipped with a sound understanding of key health messages, as well as skills to deliver high quality health information sessions.

The volunteer community workers have delivered key health messages to a range of Afghan community groups in a variety of settings through information sessions and resources. The outcomes were evaluated through pre and post group surveys and feedback on changes in health behaviour was captured by the community workers.

Key achievements

Between December 2013 and April 2015, 884 people attended 60 community information sessions delivered by the community workers, more than 10 percent of the local Afghan population. There was demonstrated improvement in health literacy across all topics covered. The topic of 'accessing medical help after hours' eliciting the largest improvement.

There was evidence of behaviour change within the local Afghan community, including community members choosing to call the GP after hours service or arranging a home visiting doctor, rather than attending the local hospital emergency department. Individuals also reported they now have the skill to book a GP appointment using the TIS national interpreter booking number.

Feedback from participants on the quality of the speakers and the written material consistently rated good to excellent and the majority of participants were very satisfied with the sessions.

The project successfully brought together local Afghans from various ethnic groups, many of whom share a history of conflict, tension and trauma. This united display of true collaboration between the community members added significantly to the project strength and reach.

Lessons learned

Many valuable lessons were learnt throughout the project that will be useful for others considering similar work.

1. Community engagement through building the capacity of community volunteers is a very effective method of improving a community's health awareness and confidence in accessing local health services. This has proven to be true for this project in working with asylum seeker, refugee and migrant communities.
2. Being true to the principles of community engagement builds strong relationships and fosters ownership and real commitment.
3. A key to community engagement is ensuring all actions are community led. This can be achieved by giving community members the power to shape the project design and valued role throughout the project.
4. Don't be afraid to ask community or stakeholder representatives to lead or undertake work. If supported well and their input acknowledged. It can result in a very powerful and successful partnership providing community empowerment.
5. To be true to community engagement, flexibility is needed about how the project aim and objectives are achieved.
6. When working with newly arrived groups take time to understand their history, what has influenced their decision to leave their country of origin, how things work in their home country. This builds understanding of how this cultural group may relate to health and other public services and to the Australian community more broadly.
7. It takes time to build trust and to get to know each other. Allow time for this in project planning.
8. The use of 'on staff' bicultural workers greatly improves a project's ability to connect with different cultural groups.
9. It is possible to bring together groups of different ethnic backgrounds that share a history of conflict in their country of origin to work collaboratively on a project that has shared project goals.
10. When working with volunteers, be clear about expectations and limits and have robust volunteer support mechanisms. It is important to acknowledge their work.

Introduction

The purpose of this report is to provide an overview of the Afghan Community Engagement Project. It provides an understanding of why SEMML decided to undertake this project and why the strong emphasis on community engagement has been critical to the project's success. It shares the project's key outcomes and lessons learned.

The SEMML vision is to facilitate integrated health care that enables the diverse communities of the Cities of Greater Dandenong, Casey and Shire of Cardinia to achieve optimal health and wellbeing.

Project Aim

To improve the health literacy of the Afghan community in Melbourne's southeast through community-based health literacy activities and through strengthening the partnerships between the community and health organisations.

Objectives

- Identify the health needs and priorities of the local Afghan community
- Improve the health literacy of the local Afghan community
- Improve engagement between the local Afghan community and health services, particularly in health care planning activities and structures

To achieve this, the project team developed an innovative partnership with the local Afghan community and local service providers. The purpose of the partnership was to bridge the gap between these groups by supporting a high level of control over the project design and encouraging a focused response.

The Afghan Community Engagement Project commenced in January 2013 and is an ongoing SEMML project. The project was carried out in three stages.

Stage one	January to December 2013. Focus on project establishment, volunteer recruitment and initial training on health and accessing health services
Stage two	January 2014 to June 2014. Focus on emotional health and wellbeing training for volunteers and ongoing support for community information sessions
Stage three	July 2014 to June 2015. Focus on development of child health and accessing services, supporting community information sessions and development of additional communication resources to strengthen the project reach.

Background

The Cities of Greater Dandenong and Casey are home to approximately 20,000 residents who have arrived under refugee and humanitarian resettlement programs over the last two decades. These residents have come from Afghanistan, Sudan, Iraq, Burma, the republics of the Former Yugoslavia, and many other countries[2].

This region is the preferred site of Afghan resettlement in Australia[1]. In 2011 there were 6,992 Afghan-born residents living in the region. There are also additional numbers of ethnic Afghans born here in Australia or in transit to Australia[3]. Significant numbers of ethnic Afghans who live in Pakistan are also choosing to resettle in these local government areas. The Afghan-born population continues to grow at a rate of over 600 per annum including; refugees, asylum seekers, skilled migrants and family reunion migrants.

Refugees and humanitarian migrant populations can have complex health and social welfare needs related to the often traumatic experiences and challenges of resettlement. Some of these needs can be met by the mainstream health system, however others require integration of culturally responsive health and social services. Regardless of what type of service is required, the refugee and humanitarian migrant communities need to be better equipped with knowledge and skills to find and access them.

Barriers that affect equity and access to services for local Afghan migrants include:

- low health literacy
- delayed patterns in health seeking behaviour (seeking assistance only when conditions are advanced)
- low levels of English proficiency
- low socio-economic status
- varying levels of cultural responsiveness of health services and staff
- differences in the way the Australian health system functions compared to their country of origin.

These negatively impact this community's capacity to appropriately engage with health care services, and is demonstrated by:

- difficulties with accessing General Practice
- higher rates of presentation at local Emergency Departments
- lower rates of immunisation
- lower attendance at antenatal care
- reluctance to engage with mental health services
- inappropriate use of dental services, and
- difficulties in obtaining medicines at pharmacies[4]

The need to further support this group was identified in *An evaluation of the primary healthcare needs of refugees* in 2011[(2)] and in the SEMML *Population Health Needs Assessment* in 2012. In response, SEMML dedicated funding toward developing and implementing a model to improve health awareness, health literacy and access to local health services for the Afghan community.

The project team

The core project team consisted of a Senior Project Officer, a Bicultural Project Officer and a Bicultural Worker.

The team has experience in health program development, health promotion and community engagement. Two of the project team are of an Afghan background, one with experience in primary health care and community engagement in Afghanistan. The team are led by the Refugee Health Program Manager who has extensive experience in clinical health service delivery to migrants and refugees in Australia.

Afghan Community Engagement Project Team

Left to right: Dr I-Hao Cheng, Anna Brazier, Dr Sayed Wahidi and Sahema Saberi

The recruitment of Afghan team members was integral to the project's success, as both had strong connections with the local community and fluently spoke a number of Afghan languages. Equally important was having bicultural staff from both genders, given many aspects of Afghan life remain gender specific.

These staff enabled the team to ensure that all aspects of the project were undertaken in a culturally appropriate and locally relevant way. They were also critical in extending the project's reach and encouraging active participation from the local community[5].

Why a community engagement approach?

Community engagement has an important role in shaping local health systems to appropriately respond to the community needs, while influencing the behaviour of individuals in the community to improve their health outcomes. It utilises a range of processes and tools: information sharing, consultation, involvement, collaboration and active participation between the local health system and community5.

Community participation can be described on a continuum from:

- **Low** whereby participants are not involved at all, or are simply provided with information and instruction
- **Medium** whereby participants are regularly consulted, asked to provide 'expert' advice, and are involved in all stages of planning
- **High** this level of engagement is truly reflective of key community development principles, where the community members themselves are actually key drivers in all stages from problem identification to solution generation. This enables them to develop control and ownership over the outcomes of the initiative[(6)].

While the most appropriate way of engaging with a local community depends on local context, national and international evidence supports community engagement in the delivery of primary health care services, in building health literacy, and in health promotion[(7)]. Studies also show that active outreach, education and health promotion activities can increase utilisation of health care services by refugee communities, including Afghans[(8)].

Given this evidence, the project team deliberately chose to work with all stakeholders as high as possible on the community participation continuum. This deliberate choice shaped the approach to project planning, needs

assessment and implementation. Most critically it has informed the relationships built with the leaders of the local Afghan communities and representatives from the local service providers.

The impact of this choice was that all key stakeholders expressed a very high level of ownership and commitment to the success of the project. Importantly all stakeholders have remained highly engaged and supportive since the project's inception.

Connecting with the local Afghan community

Based on the understanding of the Afghan project staff, well respected women and men from different ethnic Afghan groups were asked to join the Community Advisory Group. The presence of members with different ethnicity, gender and social standing within the Afghan Community Advisory Group was essential in enabling SEMML to work well with the entire Afghan community.

Table 1 - Community Advisory Group members

Fahima Ashuri	Community leader and family child care provider
Farida Bezhan	Community leader and coordinator of the Afghan Playgroup Dandenong South Primary – Berry Street Victoria
Fazela Tahrey	Community leader and Bicultural Worker at Noble Park Secondary School
Ahsanullah Noori	Community leader and Chairman of the Doveton Mosque
Azimi Izatullah	Community leader – experienced health worker in Afghanistan
Khalil Hamid	Community leader and local Imam from Halam Mosque
Javed Mohammadi	Community leader , local Imam and leader of Australian Hazara Association

The Community Advisory Group were given a very active role in shaping the project and the project team remained highly connected to them throughout the project.

Community Leaders, SEMML Community Workers and project staff

Left to right: Azimi Izatullah, Khalil Hamid, Pasha Noori, Humdullah Sayed, Sayed Saidi, Javed Mohammadi, Dr I-Hao Cheng and Sahema Saberi.

Building strong partnerships with service providers

The project team developed strong collaborative relationships with a range of service providers through a Stakeholder Advisory Group.

Table 2: Stakeholder Advisory Group

Monireh Sabet	AMES Education – until late 2013
Shroug Mohamed & Mirta Saponja	AMES Settlement
Kathleen McAleer	City of Casey
Biljana Komnenovic	City of Greater Dandenong
Dr Elspeth Young	Dandenong Super Clinic
Marnie Last & Nadine Hantke	Eastern Region Mental Health Association
Donna Chesters	Foundation House - Family Strengthen Program
Alana Russo & Michelle Ravesi	Monash Health - Community Health
Catherine Fulgoni	Monash Health - Refugee Health and Wellbeing
Rhiannon Tanner	Red Cross
Ashleigh Newham	Southern Migrant Refugee Centre

The purpose of engaging these organisations was to learn from their experience and expertise, build strong partnerships and to avoid duplication.

This group provided a platform for:

- sharing a diverse range of information, resources and experiences
- deliberating strategic directions
- focus testing materials and key messages
- identifying opportunities for collaboration

The invaluable relationships with these stakeholders added to the project team's understanding of the Afghan community, contributing significantly to the project's customisation.

The Stakeholder Advisory Group are highly engaged and have committed to remain actively engaged in the project.

Advisory groups in partnership

As the project matured, the decision was made to bring the Stakeholder Advisory Group together with the Community Advisory Group. The first joint meeting occurred when priorities for the project were being set.

Each joint meeting was preceded by a meeting with community representatives so that issues to be covered in the joint meeting could be discussed and understood in the Afghan languages. Additionally it ensured the community members felt comfortable with the agenda prior to the joint meeting.

The combined group proved to be a successful collaboration. The meetings focused on:

- identifying priority issues for the project
- developing the volunteer community educator role
- providing input into the health and health system literacy education content
- identifying resources to assist in training and/or to provide to the community, and
- advising on culturally appropriate methods of delivery and evaluation

> *'A real turning point in this project was when we started meeting jointly with the community. Sitting down at the same table was very powerful'*
>
> *Kathleen McAleer, Community Engagement Officer, City of Casey December 2013.*

Community Advisory Group and Stakeholder Advisory Group members drafting emotional health and wellbeing key messages, April 2014.

Left to right: Fazela Tahrey, Farida Bezhan, Fahima Ashuri, Rhiannon Tanner (Red Cross), Pasha Noori and Khalil Hamid

Consultation

The purpose of the community and service provider consultation was to identify the key health related issues impacting the local Afghan community. It also included the setting of project priorities. Highlights of this part of the project include involving over 200 community members in community consultations and the collaboration of the Community and Stakeholder Advisory Groups in establishing the project priorities.

Community

The Community Advisory Group members were supported by the project team to organise community gatherings to seek input in regards to health and health-related issues.

The discussions covered:

- Issues that impact on the health of local Afghan community.
- Health issues or health services that the community would like to know more about.
- How the community would like to receive health information?
- What delivery approaches work best?

Individuals shared their personal experiences and stories, others talked more broadly about the experiences of the community and the difficulties they faced in accessing health services and understanding health conditions and treatments. An estimated 200 individuals from different ethnic backgrounds participated in this consultation process.

The summary from each of these meetings was presented by the Community Advisory Group members and provided the project team with a sound understanding of the health issues and priorities from a community perspective.

Local service providers

A similar approach was taken with local service providers. The project team met individually with the Stakeholder Advisory Group members and other health providers.

They were asked:

- How their organisation worked with the Afghan community?
- What they saw as the key issues impacting on the health of the Afghan community?
- What approaches have worked well in engaging with and providing information to the local community?
- What approaches they use to support community engagement?
- What were the opportunities for working collaboratively?

A summary of the responses were collectively reviewed by the Stakeholder Advisory Group and the project team.

Findings

The following tables provide a summary of the issues identified during consultation. The first table shows issues that were identified by both groups during the consultation. The subsequent two tables show the additional issues that were identified by one group only. The tables include very broad issues that relate to how the health system functions as well as specific issues such as misuse of medicine or how to manage blood pressure.

Table 3: Issues identified by both the groups

Local community	Health and other service providers
Mental health and particularly depression is a big concern in our community - but it is hard to talk about	Mental health
There are many health conditions we need to know more about	Poor awareness of health conditions and limited health literacy
We don't know how the health system works in Australia, it is very complicated	Lack of awareness of how the health system works in Australia
Many in our community don't get out much - particularly older women	Social isolation
We don't get help for our health when we first need it – rather we wait until it is a serious problem	Low levels of health seeking behaviour
Needing to use an interpreter makes seeing the doctor difficult - The way health workers talk to us is confusing	Difficulties in accessing services
There are many women's health issues we don't understand	Women's health
Youth wellbeing and understanding the changes in teenagers	Youth
Healthy Eating and how to prevent diabetes and heart disease	Nutrition
How can we get to see the dentist and how do we look after our teeth better?	Oral health

Table 4

Issue identified by the community only
There are religious misunderstandings in our community which means we are hesitant to seek help
There are a lot of people with pain in our community. How do we manage this?
Many people have headaches and migraines
We don't always use medication properly
Immunisation – how do we get the right immunisations for our children?
Managing blood pressure
Allergies, asthma and eczema
What should we do about low vitamin D?

Table 5

Issues identified by service providers only
Family violence
Over consultation of community leaders – leading to burn out and ill health of these individuals

The project team were interested to see the similarities and differences in the data provided by the community consultations.

Identifying Priorities

Each of the advisory groups were provided with the list of issues identified in the needs assessment.

They were asked to answer the following questions.

- What are the three most important issues for you?
- What are we likely to change given the scope of the project?
- Where should we start?
- What model works best to deliver health literacy information to this community?

The Community Advisory Group members presented their individual responses to these questions and then worked collaboratively to agree on the priority issues. These were:

1. Building an understanding of how health services work
2. Addressing the poor understanding of how to access health services
3. Promoting an awareness of health conditions (including how to stay well)
4. Improving understanding of mental health

Using a similar approach, Stakeholder Advisory Group members were asked individually to provide the team with their opinion on the top four priorities. The individual responses were presented to the group as a whole, they then worked collectively and prioritised the issues. The agreed priorities were:

1. Poor understanding of how the health sector works
2. Limited understanding of health issues/health literacy
3. Improving health seeking behaviour - How to access health care/ benefits of screening, early help seeking
4. Health issues
   - mental health
   - social isolation
   - oral health

Given that the two groups worked separately throughout the consultation, the project team were very interested to see similarities in the priorities identified. A joint meeting of the Community Advisory Group and the Stakeholder Advisory Group identified that a unifying theme was health awareness and mental health.

They recommended the priorities for the project to be:

1. Developing health awareness
2. Improving understanding of how to access local health services
3. Understanding mental health and wellbeing
4. Accessing mental health support

The priorities were split into two stages of work. Stage one, focused on general health awareness and how to access local health services. Stage two focused on understanding emotional health and wellbeing and how to access emotional health and wellbeing support.

> *"Better to concentrate on less but be more focussed"*
>
> *Community Advisory Group member*

Developing a Peer Educator Model

The project team asked the community leaders to advise on how best to deliver health information to the community. It was explained that the project was hoping to build understanding within the community, to empower community members to seek assistance with their health needs earlier and to successfully access a broader range of local health services.

The questions considered were:

- What is the best way to reach the different Afghan ethnic groups within the community?
- How can we build awareness, trust and confidence to access local health services?
- What is the community used to?
- What evidence do we have that one method is more effective than another?

The Community Advisory Group recommended a model where members of the local Afghan community are trained to deliver messages directly to the local community in community settings.

SEMML volunteer Community Worker Obaid Sadath in action

The use of Community Workers to provide basic health information is a current component of the health system in Afghanistan. It has proven very effective in the implementation of immunisation campaigns, for the delivery of basic health care services, and the dissemination of critical health messages. There is also strong evidence in Australia that using a peer educator model can be a very effective method of providing information to hard-to-reach groups [9][10].

Based on the advice from the Community Advisory Group and supported local evidence, the project team decided to adopt a peer education model and designed a volunteer community worker role. As such, volunteers from the local Afghan community were trained to deliver key messages to a range of groups within the local community in order to reach the greatest number of community members as possible.

There was discussion regarding whether this should be a paid or voluntary role. Formal volunteering (as we know it in Australia) is uncommon within the Afghan community in Afghanistan. However, it is becoming increasing acceptable within the Afghan community in Australia and it was agreed that a voluntary role would be used in the project.

The volunteer role

The key duties of the volunteer Community Worker are:

- organise and deliver information sessions to the Afghan community in local community languages
- promote community awareness of how the health system works locally and how to access health services available in the local area
- promote community insight of the benefits of health screening, prevention and promotion activities
- provide regular updates to the Afghan Community Engagement Project Officers

It was agreed that the following activities would not be part of the role:

- taking community members to appointments.
- suggesting a medication or treatment.
- giving individual health advice to a member of the community.

The key selection criteria were:

- Fluency in at least one of the three main Afghan languages
- Well established connections with the local Afghan community
- Ability to read English, and
- Ability to attend the volunteer training.

A volunteer policy was also developed for SEMML as this was the first time SEMML had formally engaged volunteers. This was supported by a range of procedures and practices that were approved by the governance structures within SEMML.

Volunteer recruitment

The Community Advisory Group members each nominated up to three people they felt would be suitable for the role. This way the Afghan community themselves identified who they thought would be best suited for the role. It also meant that the people nominated were supported by the community leaders. This support has proven invaluable for facilitating community meetings.

Additional people were identified by the project team to ensure there was an appropriate ethnic mix of community workers.

Ten who completed the training were formally offered the role as a community worker with SEMML.

Community Workers	
Barkat Ali Tamki	Ghezal Nafas Adam
Ghezal Zara	Khadim Hussain Hazara
Obaid Sadath	Saleha Hussainzada
Said Hamdullah	Sayed Eiyas Sayed
Walid Taniwal	Weda Mohseni

At the time of writing this report nine of the participants remain actively involved in the program.

Volunteer Training

During stage one, four intensive half-day training sessions were held over a three week period. The focus of the training was to build the Community workers' understanding of each topic and develop their ability to deliver the associated key messages to their community. The training also covered the background of the project, as well the role of both SEMML and the community worker

Additional intensive training programs were provided in stage two and three on emotional health and wellbeing and child health and development respectively (an outline of the curriculum is provided in appendix 1).

Community Worker Training November 2014

Left to right: Dr Sayed Wahidi, Ghezal Zara, Ghezal Adam, Sahema Saberi, Khadim Husain Hazara, Barkart Tamki and Humdullah Sayed

Volunteer support

Volunteer support was a vital component of the project. The volunteers were mentored by the Afghan members of the project team. Volunteer coordination and training was undertaken by the Senior Project Officer. The Community Advisory Group members also provided a mentoring role for the community workers.

Appropriate acknowledgement and recognition was an important part of the volunteer model. The community workers received thank you letters and gift cards in appreciation of their work. The project team looked for opportunities to nominate them for appropriate awards. The volunteers received an Outstanding Team Achievement in Primary Care award, at the Victorian Minister for Health Volunteer Awards May 2014. The project was nominated for the 2014 Victorian Health Promotion Foundations Awards and received a 'Highly Commendable 'award in the Mental Health and Wellbeing Category.

The community workers also attended many SEMML staff events to build their understanding of and connection to SEMML.

Celebrating the Victorian Minister for Health Volunteer Award for outstanding team in primary health care, May 2014 - SEMML Volunteer Community Workers and CEO

Left to right: Ghezal Adom, Ghezal Zara, Weda Mohseni, Anne Peek, Sayed Saidi, Khadim Husain Hazara and Humdullah Sayed.

Use of key messages

The concept of *Key Messages* evolved during the development of the training curriculum. The project team deliberately asked - what are the key messages we want our community workers to:

1. learn from this training
2. teach the community members

The key messages for the community were very simple, action focused statements.

Your General Practitioner

> *"A General Practitioner (or GP) is a doctor who can look after all health problems. See your GP first if you are worried about your health.'"*
>
> *"I can choose which GP or clinic to go to."*
>
> *"I should try to see the same GP or clinic each time, but if I am unhappy with them then I can go to another."*

A complete list of key messages are attached in appendix two.

SEMML welcomes others to use these Key Messages for the purposes of improving community health literacy. We ask that any use of the Key Messages appropriately acknowledges the work of SEMML.

Ghezal Adam delivering key messages to a group of women in Dandenong

Each session was tailored to best meet the needs of the audience, including the language in which it was delivered. While the range of key messages covered varied, the community workers always included key messages about 'what is health' and 'what is a GP' and 'how to make appointments' in each session.

Another topic that was frequently included is 'accessing health services after hours'. The key messages that relate to seeking help after hours are supported by SEMML's after hours fridge magnet. During stage two of the project the magnet was translated into Dari (one of the official Afghan languages).

Community workers were able to revisit groups as needed.

Resources to support volunteers

A number of resources have been developed in collaboration with the Community Advisory Group, community workers and a range of staff across SEMML to support the delivery of the health messages. The purpose of these resources was also to increase the reach and sustainability of the health messages.

These resources included:

- Development of a video translated into 3 commonly spoken Afghan languages, and available in simple English
- An accompanying suite of print materials to direct community members to view the resource, including: story boards, post cards and a calendar
- Wheel of life poster and supporting photo images used by community workers to talk about emotional health and wellbeing
- Training has been provided along with all of these resources to ensure community workers are confident using them.

Afghan Community Engagement supporting materials

Postcards

Storyboards

DVD

2015 Calendar

Key outcomes

The project was underpinned by a comprehensive evaluation strategy. The following section provides information on the:

- quality of community leader and stakeholder engagement
- quality of the volunteer training program
- changes in health literacy of the community workers
- reach of the community workers
- impact of the health information sessions

Quality of community and stakeholder engagement

Both the Community and the Stakeholder Advisory groups participated in feedback sessions and formal evaluation processes. The feedback showed that both groups were highly engaged and supportive of the approach taken by the project team.

Feedback from Stakeholder Advisory Group included:

> *"Thank you for the opportunity of having been involved in an amazing community program such as the Afghan Engagement Project. It has provided me with a lot of learning from the community but also from SEMML to see how successful such a program can be given the appropriate people & resource are available for it"*

> *"As part of the advisory group for this project I take the opportunity to congratulate SEMML and members of the advisory committee, for me personally it was a fantastic learning curve and collaborative initiative!"*

The members of both groups remained actively involved in the project and provide support to the project team and SEMML staff more broadly.

In addition, the project successfully brought together local Afghans from various ethnic groups, many of whom share a history of conflict, tension and trauma. This united display of true collaboration between the community members added significantly to the project strength and reach.

The quality of the volunteer training program

All participants in the volunteer training program took part in the evaluation which assessed whether the training was meeting the learning objectives, sought feedback during training and catch-up sessions on the quality of the training sessions and reviewed the readiness of the participants to deliver the key messages.

Feedback collected showed that the training was successful in meeting the learning objectives and the community workers felt their expectations of the training were generally met.

> *"Overall today's meeting was so good and the way they explained and convey the information was excellent" – community worker*

> *"Today we had the opportunity to talk as a community worker in front of pretend community members, it gave us a boost in confidence" – community worker*

After the completion of the training programs, the community workers rated themselves as either confident or very confident to deliver health messages to the community.

The results of the evaluation collected from during the training program were used to adapt subsequent training and the development of resources to support the community workers in the delivery of the key messages.

Reflection from volunteer community worker

> *I feel great for the volunteering opportunity. I joined this project as a volunteer as I wanted to contribute my experiences to the community with my hard work. After each information session I felt proud as we were appreciated by the community members. Although this was the first time I have taught people about the basics of health and mental health issues, I feel I did well. I can proudly say that I have learned a lot about health, wellbeing and accessing local health services. I feel honoured to have had the opportunity to help people through the information sessions.*
>
> *Khadim Hussain Hazara*

Health Literacy of Community Workers

Both qualitative and quantitative approaches were used to measure the change in health literacy of the community workers. Quantitative evaluation of the community workers health literacy was conducted before and after each of the health training sessions. The topics evaluated related to the key learning objectives of the training. The pre and post evaluation outcomes of the training from stage one are provided in table 6 and demonstrated the improved health literacy in each of these areas.

Table 6: Changes in health literacy of community workers after training

	Before training How confident do you feel?					After training How confident do you feel?				
	Not very	Not	Average	Confident	Very	Not Very	Not	Average	Confident	Very
Finding medical help after hours		1	2	2				1	4	2
Using an ambulance in an emergency	1			4					3	4
Going to hospital emergency department?				4	2				3	4
Going to a GP				1	6				3	7
Using Community Health Service		3		2	2	1			2	6
Purchasing medicines	1			2	4	1			2	5

Analysis of these results allowed the project team to adapt the training program to reinforce any topics that required additional explanation. This occurred the most in the emotional health and wellbeing training during stage two. During this time additional training sessions were scheduled to represent some of the key concepts to ensure that all community workers understood the material that was being presented.

Reach of the Community Workers

Between December 2013 and April 2015, 60 community information sessions were undertaken by the community workers. 884 people attended one of the community information sessions. Based upon the numbers of Afghan born residents in the 2011 census and the predicated rate of growth in numbers this equates to more than 10 percent of the Afghan population in the cities of Casey and Greater Dandenong. This figure is an estimate only and may include some double counting as some community members may have attended more the one session.

Community workers also provided information in a number of additional informal and impromptu sessions. These figures are not included in the evaluation, however the project team estimates that a total of over 1,000 community members would have received information on health, accessing health services or emotional health and wellbeing.

Impact of the health information sessions

In order to measure the impact of the project on the Afghan community's health literacy a group survey was conducted at the beginning and end of each community information session. The community workers asked the community members to rate their level of confidence in accessing a range of health services to measure the impact of the session.

This included asking how confident the participants felt accessing:

- a GP
- medicines
- hospital emergency department in an emergency
- community health services
- medical help after hours
- an ambulance in an emergency

Table 7: Groups rating of confidence pre and post Community Information Sessions

	Before			After		
	Not Confident	Confident	Very Confident	Not Confident	Confident	Very Confident
How confident do you feel accessing medical help after hours	5	2				7
How confident do you feel accessing an ambulance in an emergency?	3	4				7
How confident do you feel accessing a hospital in an emergency?	1	4	2		1	6
How confident do you feel accessing a GP?	1	8			1	8
How confident do you feel accessing the Community Health Services?	4	5			1	6
How confident do you feel accessing medicines?	2	7			2	7

Note: There was some variability in the responses gathered from the groups by the community workers, which is why not all responses have the same number of responses.

Data captured in the evaluation from stage one demonstrated an improvement in all health literacy areas. The topic that elicited the largest improvement in confidence was accessing medical help after hours. Positive feedback about this topic and the use of the magnet encouraged SEMML to translating the magnet into Dari (one of the official Afghan languages) as well as in Tamil and Burmese.

And for emotional health and wellbeing rating their level of understanding of:

- Emotional health and wellbeing
- Mental Illness
- Treatment that are available for mental illness

There was anecdotal evidence of a change in behaviour of some local Afghan community members. Some participants after the information sessions have told the community workers how they have changed the way they access health services after attending an information session. For example, community members have reported choosing to call the GP After Hours telephone number or arranging a home visit by a doctor, rather than attending the local hospital emergency department when their GP clinic was closed.

Case Study: Feedback from a community member

> *"I went to one of the health information sessions and they told us that if we were sick at night a doctor can come and see us at our house. They gave us a paper with a fridge magnet on it that had the number for this doctor. I thought if that was the case it would be really helpful but I didn't really believe that a doctor would come to my house at night if I was sick.*
>
> *Three days after I went to this session my son was sick, he had fever and was coughing and it was at night. I didn't know what to do as I had no family member to assist me to get medical help and I can't drive so there was no means of transportation to get help. I remembered the information we were given about the doctor that can come to your house at night and I still had the magnet on the fridge with the doctor's number on it. I called the number and after a few questions I was told that the doctor would come to my house in thirty minutes. I didn't believe that the doctor would come and see my child but it was the only hope I had. Then ten minutes later I received a call from a man who said he was the doctor and that he was on his way and would be at my house in 10-15 minutes. He came, examined my son and gave me some medications to give him and prescriptions. I was very happy and have told all my friends that if they need a doctor at night, one can come to their house and see them".*

Other community members have reported that after attending the information sessions they for the first time felt confident enough to make an appointment with their GP.

Others reported back on the experience of using an interpreter to book an appointment at the GP clinic and how empowering this experience was.

Quality of information sessions

Community members were also asked to rate the quality of the speaker, the quality of the written materials and their overall satisfaction with the sessions. The quality of the speakers and the written material were consistently rated good and excellent. The majority of participants responded that they were very satisfied with the sessions, a small number were satisfied with no respondents unsatisfied.

Table 8: Group satisfaction with verbal and written material

	Very Poor	Poor	Average	Good	Excellent
Overall quality of speaker				4	5
Overall quality of written material				5	4

Table 9: Overall Group Satisfaction

	Unsatisfied	Satisfied	Very Satisfied
Overall satisfaction with the session		2	7

The data presented here is from stage one of the project and does not reflect the total number of sessions that have been carried out over the life of the project, however these trends are reflected in the ongoing evaluation of sessions.

Feedback from a community member

> *"Dear Mr. Tamki,*
>
> *We want to sincerely thank you and the respective office of Medicare local who has organized this awareness session. It was really helpful and quite informative as many of us was not aware of basic health awareness issues such as how to access local health services and mostly about emotional health and wellbeing.*
>
> *I myself really appreciate your and your respective office support and cooperation you has been extending to us especially to the asylum seekers who are in Bridging Visa as such kind of information session will definitely help us to perform our day to day life better and healthy."*

Feedback from a Service Provider

> *"Thank you for the program you presented yesterday. It was very helpful for the clients as well as the staff. The after-hours services contact numbers that were discussed and the brochures that were handed out was extremely needed as we did not have them. Thank you for taking the time to attend this program."*
>
> *Settlement information Officer - AMES Noble Park*

Feedback from a Community Advisory Group Member

> *"Community volunteers did a good job teaching"*

The information collected in the evaluation of all aspects of the project were continually reviewed and opportunities were identified to adapt the project approach to better deliver the project objectives.

Lessons learned

The project learned many valuable lessons that will be useful for others considering undertaking similar work. These lessons are outlined below:

1. Community engagement through building the capacity of community volunteers is a very effective method of improving a community's health awareness and confidence in accessing local health services. This has proven to be true for this project in working with asylum seeker, refugee and migrant communities.
2. Being true to the principles of community engagement builds strong relationships and fosters ownership and real commitment.
3. A key to community engagement is ensuring all actions are community led. This can be achieved by giving community members the power to shape the project design and valued role throughout the project.
4. Don't be afraid to ask community or stakeholder representatives to lead or undertake work. If supported well and their input acknowledged, it can result in a very powerful and successful partnership providing community empowerment.
5. To be true to community engagement, flexibility is needed about how the project aim and objectives are achieved.
6. When working with newly arrived groups, take time to understand their history, what has influenced their decision to leave their country of origin, how things work in their home country. This builds understanding of how this cultural group may relate to health and other public services and to the Australian community more broadly.
7. It takes time to build trust and to get to know each other. Allow time for this in project planning.
8. The use of 'on staff' bicultural workers greatly improves a project's ability to connect with different cultural groups.
9. It is possible to bring together groups of different ethnic backgrounds that share a history of conflict in their country of origin to work collaboratively on a project that has shared project goals.
10. When working with volunteers, be clear about expectations and limits and have robust volunteer support mechanisms. It is important to acknowledge their work.

Appendix One – Curriculum for the SEMML Afghan Community Worker Training

Stage One – Health and accessing health services

What is health?	**What is illness?**	**What can affect my health?**	**What can I do to improve my health?**
What is a GP? How to make appointments	**What to do in an emergency?**	**Accessing services afterhours**	**Using interpreters**
How can the pharmacy assist you?	**Allied health services**	**Local community health services**	**Dental services**
Introduction to SEMML	**Background to the project**	**SEMML occupation health and safety**	**Volunteering – what to expect**
The community worker role	**Support from SEMML staff**	**Community Advisory Group support**	**Using key messages**
	Planning community information sessions	**Reporting back and evaluation**	

Stage Two – Mental health and wellbeing

Emotional Health and Wellbeing	**Afghan community perspectives on emotional health**	**Mental health conditions**
Depression - the signs and symptoms	**Anxiety – the signs and symptoms**	**Post-Traumatic Stress Disorder – the signs and symptoms**
Treatment options	**Role of general practitioner in support patients**	**Other service providers who can help**
Islam and Afghan cultural connection to mental health	**A healthy life balance**	**What else can help improve our mental health?**

Stage Three – Child Health and Wellbeing

Child Health	**Child Development**	**Maternal and Child Health Services**
Childhood Immunisation	**General Practice – role in support families and young children**	

Appendix Two – Afghan Community Engagement Project – Key Messages

SEMML welcomes others to use of these *Key Messages* for the purposes of improving community health literacy. We ask that any use of the *Key Messages* appropriately acknowledges the work of SEMML.

Stage One - Health and accessing health services key messages for community members

Health and illness

- Health is a state of physical, mental and social wellbeing.
- Illness is disease, sickness or impairment that affects the body.
- Illness can be caused by biological, behavioural, social or environmental factors.
- No symptoms or no pain does not always mean there is no health problem.
- Health can be improved through healthy behaviours (e.g. not smoking), treatment at a health service (e.g. going to a GP clinic), screening for disease (e.g. cancer screening) and preventive activities (e.g. immunisation of children).

Your General Practitioner (or GP)

- A General Practitioner (or GP) is a doctor who can look after all health problems. See your GP first if you are worried about your health.
- I can choose which GP or clinic to go to.
- I should try to see the same GP or clinic each time, but if I am unhappy with them then I can go to another.

Appointments

- I need to make an appointment for each person who wants to be seen
- If I need extra time I need to make a longer appointment.
- I can ask for an interpreter to help with my appointment, but I should ask when I book the appointment.
- I need to attend appointments on time. If I am running late or cannot attend the appointment then I need to let the clinic staff know.

Costs

- Some GPs will “bulk-bill”. That means I do not have to pay for the service.
- I need to bring my Medicare and Health Care Concession cards to every appointment (if I have them).

Referrals

- If my doctor thinks I need a test or help from other people with my health they will write a referral letter. I need to take the referral letter with me when I go to see these people.

Community health services

- Community Health Services provide a wide range of free or low cost health services including dentists, physiotherapists, psychologists and other health services.
- Community Health Services are located at 67 Power Road, Doveton (9212 5700); 229 Thomas Street, Dandenong (8792 2200); and 55 Buckingham Avenue, Springvale (8558 9000).
- The Community Health Service at Dandenong also has an “Asylum Seeker and Refugee Wellbeing” which has GPs and nurses who can help with complex health issues.

Appendix Two – Afghan Community Engagement Project – Key Messages (continued)

Stage One (continued)

Pharmacy

- I can get basic advice about medicines or ask questions about my medicines at the pharmacy.
- I can buy basic medicines from the pharmacy without seeing a doctor.
- If I need strong medicines I need to first get a prescription from a doctor and then buy the medicine from the pharmacy.
- When I buy prescription medicines I need to bring my Medicare card and Health Care Concession card if I have them. This might make the medicine cheaper to buy.

After hours care

- To get after hours help I should first call my usual GP clinic.
- I can get free telephone advice after hours by calling "After Hours GP Helpline": 1800 02 22 22 (free from mobile phones), or "Nurse on Call": 1300 60 60 24. I can ask for an interpreter.
- I can ask for a GP to visit me at home after hours by calling "Home Visiting Doctor": 03 9429 5677, or "Medical at Home": 03 8341 1888. Both are free if I have a Medicare card.

Emergency care

- Hospital emergency departments and emergency ambulance services are for medical emergencies only.
- Anyone can go to the public hospital at any time if they need emergency care.
- The local public hospital emergency departments are at Dandenong Hospital (135 David Street, Dandenong), Casey Hospital (62-70 Kangan Drive, Berwick) and Monash Medical Centre (246 Clayton Road, Clayton).
- Anyone can call "triple zero" [000] and ask for an Ambulance when there is a medical emergency. I can ask for an interpreter.
- I should bring my Medicare card and Health Care Concession card, but they will still help me even if I do not have them.

Appendix Two – Afghan Community Engagement Project – Key Messages (continued)

Stage Two – Emotional health and wellbeing key messages for community members

- There is no health without mental health
- The way you feel is part of your health.
- Mental health is health too.
- The way you feel emotionally is just as important to your health as how you feel physically.
- Life is complicated and there are a lot things that can impact on how we feel. Some things we are born with others happen to us during our lives.
- Things that impact on the way we feel can include:
  - Long term stress, such as worrying about your family if they are living in a different country.
  - Things happening in our family- for example illness or loss of the loved one
  - When you are physically unwell it can impact your emotional health, or vice-versa
  - Not being able to work or having money troubles
  - Settlement experiences – visa uncertainty and resettlement processes
  - Sometimes emotional health problems can be passes on from one generation to the next
  - Traumatic experiences - things that you have gone through in your home country

What is mental illness?

- Mental illness is when I am feeling very unhappy, stressed, or can't stop worrying and haven't felt good for a long time
- Having a mental illness does not mean that you are crazy!
- People can get better if they get help.
- Anyone can get a mental illness.
- Experiencing a mental illness is not personal weakness or a character defect.
- Mental illnesses are just like other medical conditions, they are treatable and it is important to seek help from your GP.
- The earlier someone seeks help, the better

Stage Three – Child health key messages for community members

What is Child health?

- Giving your child a healthy start to life is one of the most valuable things you can do. This is influenced by a nurturing home environment, learning with other children and quality health services.
- Everyone in the family has a role to play in making sure children have the best start to life. This includes mothers, fathers, grandparents and elders. Making time to teach and play with your child is very important for their health and education.
- Going to playgroup, kindergarten and child care provides children with skills and knowledge they will build on for the rest of their lives. It also builds their confidence and gives them a positive attitude toward learning. This can help them in doing well in school and throughout life.
- There are a number of health checks that your child can have before they start school. Health check will involve a Maternal and Child Health nurse or doctor (GP) checking your child's general health, growth, development, eyes, ears, teeth, eating, toileting, and immunisation. These checks can be done by your Maternal and Child Health nurse or GP.

Appendix Two – Afghan Community Engagement Project – Key Messages (continued)

Stage Three (continued)

Maternal and Child Health Services

- Maternal and Child Health Services are an essential service for you and your child to attend. The services are free.
- Maternal and child health nurses work with families with young children from 0 - 6 years of age.
- Your MCH nurse is a registered nurse, midwife and specialist qualifications in child development. It is important to pay attention to what they tell you.
- When you have a baby the MCH nurse can come to your home for your first visit. After this visit you can have a series of visits at your local MCH centre. Centres are located in the local community.
- Your MCH nurse or local council office can help you find the centre closest to you.
- Your MCH nurse will check your child and talk to you and ask you questions about their health and development. They can support you in caring for young children.
- They will remind you about the immunisations your child needs.
- They will show you how to help your child learn and be ready for kindergarten and school.
- Your MCH nurse can complete the 3 ½ year old health check that is needed before your child starts school. An additional check can be undertaken by your GP when your child is 4 years old.
- You can also call the 24 hour help line on 1302 2029 for advice.
- You can ask for an interpreter when you call the help line and also when you see your MCH nurse.
- MCH nurses can connect you with other services you might need to help your child with things like sleeping and feeding.
- They can also connect you to mothers groups and playgroups where you can meet other families with young children. These groups give children a chance to learn how to play with other children and helps get them ready for learning at school.

Appendix Two – Afghan Community Engagement Project – Key Messages (continued)

Stage Three (continued)

Immunisation Services

- Immunisation protects children from dangerous infections. It is important to making sure your child is fully immunised before they start school. Overseas born children will require additional immunisations to meet the Australian standards.
- Child immunisations can be provided by your MCH nurse, GP or local council immunisation worker. Most immunisations are free of charge.
- Local council Childhood Immunisation Sessions are held regularly in a range of locations for children aged 0 - 4. You can find out where and when Immunisation Sessions are held by ringing your local council or visiting the council's website.

City of Casey

Telephone: 9705 5022

Online: casey.vic.gov.au or

casey.vic.gov.au/community-services/children-families/immunisation

Shire of Cardina

Telephone 1300 787 624

Online: cardinia.vic.gov.au or

cardinia.vic.gov.au/Page/Page.aspx?Page_Id=83&nc=4

City of Greater Dandenong

Telephone: 8571 1000

Online: greaterdandenong.com or

greaterdandenong.com/document/1368/immunisation-venues-days-and-times

- Your MCH nurse, GP or council immunisation worker will record what immunisation is given and remind you when to come back for the next immunisation.
- Take all documents that relate to your child's immunisation when you attend any immunisation appointment. This will help the nurse or doctor make sure your child is getting the right immunisation.

GP services

- Your GP can assist with any child health problem. Talk to you GP if you have any questions or concerns about your child's health or development before the issue is serious.
- Your GP team may be able to provide the 4 year old health check that is needed before your child starts school. Your MCH nurse can do a similar check when your child is 3 ½ .
- Your GP can provide immunisations and help you access other child health services such as speech therapy if needed.

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