

Women's Health Map

Assisting Immigrant and Refugee Women to Navigate the Australian Health System

Peer Education Resource for Community Workers

Updated July 2015





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Suggested citation:

Multicultural Centre for Women's Health. (2015) 'Women's Health Map: Assisting Immigrant and Refugee women to Navigate the Australian Health System, Peer Education Resource for Community Workers,' Multicultural Centre for Women's Health: Melbourne.

The Multicultural Centre for Women's Health (MCWH) is a national, community-based organisation committed to the achievement of health and wellbeing for and by immigrant and refugee women. The mission of MCWH is to promote the wellbeing of immigrant and refugee women across Australia, through advocacy, social action, multilingual education, research and capacity building.

Acknowledgements

The Multicultural Centre for Women's Health acknowledges the financial support provided by the Lord Mayor's Charitable Foundation for the development of the first edition of this resource in 2011.

MCWH would like to thank Carolyn Poljski for developing the workshop program and first edition of this resource. MCWH would also like to thank Maria Hach for her work in updating the resource.

MCWH would like to acknowledge all the bilingual and bicultural workers in Australia who work with immigrant and refugee women to give them the tools they need to navigate the Australian health system.

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Abbreviations

CHC	Community health centre
DHS	Department of Human Services
DIBP	Department of Immigration and Border Protection
GP	General Practitioner
MBS	Medicare Benefits Scheme
MCWH	Multicultural Centre for Women's Health
OSHC	Overseas Student Health Cover
PBS	Pharmaceutical Benefits Scheme
RHCA	Reciprocal Health Care Agreement
TIS National	Translating and Interpreting National
WHO	World Health Organisation

Introduction

Immigrant and refugee women, particularly those who are newly-arrived, often find navigation of the Australian health system intimidating, confusing and overwhelming. When seeking health care, information or education, women are confronted by a complex and multi-faceted set of health and community services, most of which are very different to those available in their countries of origin. Some women are not familiar with health promotion, primary health care, general practitioners, or maternal and child health services. As a result, immigrant and refugee women demonstrate particular health access behaviours. They are less likely to access health promotion, prevention and early intervention programs, and so are under-represented as clients of these services. Concurrently, they are over-represented in acute and crisis care.

As well as unfamiliarity of the system, there are other intersecting and structural issues which further complicate navigation of the Australian health system for immigrant and refugee women. One of these is residency or visa status. Health access entitlements are unequivocal for overseas-born women who are Australian citizens or permanent residents. However, health access entitlements for newly-arrived women on temporary and permanent visas are variable. Each visa category carries different entitlements, which can change. Whilst some health and community services are able to provide assistance, care and support to all women irrespective of their visa category, other services are restricted in their ability to do so and are only accessible to women permanently settled in Australia.

Not only does this make the Australian health system extremely difficult to navigate, both for service providers making referrals, as well as for immigrant and refugee women attempting to link into the system, it is also a broader issue of equity, rights and access.

Improving the ability of immigrant and refugee women, especially those who are newly-arrived, to navigate the Australian health system is essential to women's health and wellbeing. Equally, it is important to build the capacity of community workers to provide easy-to-understand and accessible information and education about health system navigation to immigrant and refugee women. Increasing health system literacy of community workers may also facilitate appropriate referrals and furthermore motivate workers to advocate for institutional change in policies and practices related to the health system.

Who can use this Resource?

This education resource has been developed for use by peer educators and facilitators, bilingual educators, health educators and community workers, with the support of their relevant health and community organisations. It has been developed for the provision of culturally-appropriate education and information to immigrant and refugee women about navigating the Australian health system. Although this resource has been specifically developed for facilitating education sessions with women in community settings, community workers can also use this manual as a resource for making appropriate referrals for different groups of immigrant and refugee women.

Complimenting this Resource is the Multicultural Centre for Women's Health 'Train the Trainer' workshops for community workers. These workshops can be tailored to suit the needs of different groups. Please contact MCWH for more information about their external training program.

**Please note that the information contained in this Resource is correct as of July, 2015. Health access entitlements for immigrant and refugee women (covered in Module 2) can always be subject to change, therefore it is the responsibility of the facilitator to ensure that the information being presented is up-to-date.*

Workshop and resource structure

This manual contains six modules that are best delivered in a two-hour education session. For more interactive workshops with activities and case studies, one six-hour session is recommended. The six modules are:

MODULE	TOPIC
1	What is health?
2	Where do I go?
3	What do I say?
4	How do I pay?
5	What do I do if I am not happy?
6	What are my health rights and responsibilities?

Although the modules are designed to be delivered in sequence, they can also be used as a guide for community workers developing their own programs or facilitating individual sessions.

The manual sets out the key messages for health system navigation. Due to the amount and complexity of the content, some of which is changeable, only essential messages are emphasised. The onus is on the educator to decide which messages in each module should be delivered to participants, based on the needs of the group and the time available to deliver the education session.

Suggested session guide (for a two-hour session)

MODULE	TIME ALLOCATION (minutes)
Introduction (including icebreaker)	10
1: What is health?	10
2: Where do I go?	30
3: What do I say?	20
<i>Short break</i>	10
4: How do I pay?	10
5: What do I do if I am not happy?	10
6: What are my health rights and responsibilities?	10
Evaluation (form and group discussion)	10

For each topic you will find:

Aim

The aim of each module is indicated to assist planning the delivery of each module.

Learning objectives

The learning objectives of each module are indicated to assist planning the delivery of each module.

Discussion points

Discussion points for each module are provided to assist communication of the key messages to participants during the education session.

Discussion notes

Discussion notes for each module are provided as background information for the key messages to be shared with participants during the education sessions.

Handouts

In the absence of time, handouts can be distributed as additional resources for participants.

Resources

Delivery of the modules in education sessions should be used in conjunction with other teaching and learning resources. These could include multilingual written materials such as fact sheets, brochures, booklets, and posters. Suggested resources can be substituted with others that are appropriate.

Before you use this Resource

Please read this section before you use this Resource. It covers some important issues to consider when planning and implementing a program or event.

Creating a safe and open environment

1. Your role as the facilitator

2. Practical considerations when planning a session

3. Setting 'group agreements'

Conducting and evaluating a session

1. Introducing a session

2. Concluding a session

Facilitating sessions

Creating a safe and open environment

1. Your role as the facilitator

A facilitator is the person who guides the discussion and is responsible for achieving the purpose and aims of the workshop. The facilitator achieves this by making sure that the discussion flows well and that people feel comfortable to actively participate (where necessary) during the session(s).

There are two important parts to being a facilitator: *purpose* and *process*. The purpose refers to the reason why the participants have gathered together (this should be made clear from the beginning). It is the facilitator's job to ensure that the purpose of the workshop is achieved. The process refers to *how* or the ways in which the facilitator engages participants in understanding the content, contributing to discussion, and fostering individual and group reflection.

Group cohesion

Group cohesion is the degree to which group members come together as one to achieve a common goal. If there is solid group cohesion, members get along well and trust and listen to one another. The more cohesion in a group, the more productive the group.

The facilitator creates group cohesiveness by:

- ✓ Discussing learning objectives and purpose of the session in the beginning
- ✓ Allowing for participants to get to know one another (icebreaker) and setting group agreements
- ✓ Keeping the group on track
- ✓ Reinforcing, validating or summarising ideas
- ✓ Encouraging the sharing of stories and experiences
- ✓ Identifying and linking common themes
- ✓ Listening and probing for more information

Being flexible and taking opportunities

Characteristics that make a great facilitator include the ability to be open minded and flexible. Although it is important to meet the objectives of the session, don't be afraid to be flexible if the group discussion takes an interesting turn. Listen to the group and feel free to take your

cues from the group by asking them for feedback about the ways they would like to approach the material.

You should aim to:

- Build rapport between you and the participants
- Build trust and respect between participants and to ensure that everyone feels comfortable and safe
- Support participants in handling any problems that may arise during the course of the sessions
- Ensure that privacy and confidentiality are understood and respected by the group
- Create an environment for learning, sharing and growth
- Provide focus and encourage the participation of all members
- Provide information and resources necessary for the participants to build on and use
- Monitor group dynamics and progress and ensure that the group reaches its goals

2. Practical considerations when planning a session

There are a number of practical issues that should be taken into consideration when planning a session or event. Some factors to consider include:

- An appropriate venue: venues should be safe, comfortable and accessible for participants and provide privacy and adequate space for the group
- Disability access
- Childcare options: whether you decide to make the session or event child free, providing childcare for the event will make it more accessible for women
- Availability and easy access to transportation: including consideration of parking fees, parking availability and access to public transportation
- Possible schedule clashes with other community events: religious days, community commitments and parental work commitments can pose challenges to participants' ability to attend sessions
- If catering for an event, give consideration to cultural and dietary requirements and preferences relating to food (if applicable)

Depending on the size of your group and the availability of additional peer educators, you may consider the need for qualified interpreters at your event, and the additional time requirements that would be needed for interpreting.

3. Setting the 'group agreements' for discussion

Opening with a discussion of some ground rules for participation can help to encourage respectful conversation and promote a safe and open environment.

Some points you may want to raise include:

- Respect people and their diverse backgrounds and lifestyles
- Listen to each other
- Everyone has the right to their own opinion – the goal should not be to agree but to gain a deeper understanding
- Be conscious of body language and non-verbal responses – they can be just as expressive as words
- Participants should take responsibility for the quality of the discussion and participate to the best of their ability, including encouraging others and being good listeners
- No one has to disclose personal information if they don't want to
- Don't disclose someone else's personal information to the group without permission. If you want to ask about or share a personal story or experience that involves someone you know, don't use their name. You can discuss them in third person 'someone I know...' or 'something I heard about...'
- You can use stories to maintain confidentiality and to facilitate openness
- If anyone has any personal questions or concerns they do not wish to share they are always welcome to approach the facilitator during a break or at the end of the session

Conducting and evaluating a session

1. Introducing a session

As a peer educator, how you conduct an introduction is up to you. However, as general rule, important information to cover includes:

- Introducing yourself: your name, the name of your organisation, project or program and your role in it
- Providing some general information or background about your organisation, project or program
- Ground rules for the session(s) (see 'Setting the ground rules for discussion')
- Providing an outline of the session, project or program
- Covering any housekeeping issues related to the venue (eg. toilets, security, parking, etc.)
- Discussing your role as a facilitator: it may be important to explain your role as a peer educator and emphasise the participatory nature of the session(s)

It is equally important to introduce participants to one another. This usually involves asking each member to introduce themselves. Depending on the size of the group, you may need to divide participants into smaller groups to save time and make the process more meaningful. The introduction of participants can be conducted in many ways and is often valuable for establishing rapport within the group.

Icebreakers

It is a good idea to start any workshop with an icebreaker as it can help participants get to know one another and to engage them in discussion from the very beginning.

Here are some examples of possible icebreakers that you may wish to use:

My name is...

Ask the women to introduce themselves by finishing the sentence however they choose:

"My name is _____ and I am a woman who " Answers can be about what they like, what they care about, where they are from, how they are feeling, absolutely anything. If you use this approach, you should begin with yourself, to start people off.

Getting to know you

Ask each member of the group to share something about themselves:

- a) Favourite food?
- b) Favourite place?
- c) Most satisfying thing they have done this week?
- d) Three words their friends would use to describe them?

First Names

Ask the women to break into pairs. Each person in the pair has to find out how the other person was given their first name.

- a) Do they like their name?
- b) Was their name passed down through the family?
- c) Does their name have a special meaning?
- d) Were they named after someone special?
- e) If they could choose another name, what would it be?

Encourage each person to introduce their partner, and to tell us what they have learnt about their partner's name.

I am here today because...

Ask the women to share what has brought them to the group or what they hope to gain from participating in the program or what has motivated them to participate. This activity can be used as evaluation material as well.

2. Concluding a session

The end of the session can be a good opportunity to:

- Check that participants have understood material covered during the session
- Collect information that will help you to evaluate a session
- Inform participants about what to expect from the next session

Participants should be given the opportunity to provide feedback about the session or ask further questions. Depending on the number of participants, try to allocate enough time at the end of the session to recap key messages and invite participant feedback.

Some questions to gauge participants' responses might be:

- How was today's session for you?
- Is there anything that stood out for you in today's session?
- What are you going to take home with you from today's session?
- What will you share with other women from today's session?
- Could you think about anything you would like me to change, modify, and do differently?

Always thank participants for attending.

Facilitating sessions

This resource is based on the understanding that learning is an active and ongoing process. Learning is not something that happens to people and learners are not simply empty containers that can be filled with new information. Learning comes from experiencing, thinking and reflecting. Each participant will bring their own ideas, values, beliefs, knowledge, personal experiences and learning styles to sessions. Equally, each participant will take something different from sessions, and will develop their own understanding and point of view.

In order to allow for flexibility and to cater for a wide range of contexts and learning styles, discussion points have been provided to assist you in facilitating the sharing of stories, starting discussions and communicating the key messages.

There are many effective techniques for encouraging and supporting interactive learning. Using diverse methods will allow you to reach a wider range of participants with different learning styles. Some of the methods that you might choose to use in your sessions are:

Sharing stories

Telling stories can help participants to understand and relate to a particular experience, idea or perspective. Sharing narratives can be a good way of relating concepts to lived experience, as well as encouraging participants to reflect on and share their own experiences. Stories help us to connect with each other.

Screening videos

If you have the technology and equipment available to show participants a short video, this can be a very effective way to trigger discussion or reflection on topics.

Conducting activities

Activities can be useful for triggering group discussion, and depending on the activity and size of the group allows people to interact more closely in pairs or smaller groups. Activities that get participants moving around is also a great way to energise the group.

Using visuals

It is often said that people learn differently. As such, it is important that you think about different methods to help communicate your messages. Visuals such as models or charts are a good method for those who learn by seeing and also for those who have low literacy levels.

Module 1

What is health?

Aim

The aim of this module is to provide a basic overview of health.

Learning objectives

At the end of this module, participants should be able to:

- Provide a basic definition of health
- Explain the various facets of health
- Explain the importance of maintaining health

Discussion points

This discussion should address the following points:

- What is health?
- What might it mean to be healthy on the following levels:
 - physically?
 - mentally?
 - socially?
- Why is looking after your health important?

Module 1

Discussion notes

- Health is a difficult term to define.
- The definition of health is variable across cultures, and is typically classified or explained within appropriate socio-cultural contexts.
- The World Health Organisation (WHO) defines health as:
'A complete state of physical, mental and social wellbeing, and not merely the absence of disease or infirmity.'
- Health has many facets and is not confined to physical wellbeing.
- Physical health refers to the condition of the body, including the state of internal and external body organs and functions. Being free from external symptoms does not mean one is healthy. For many diseases, symptoms do not appear until well into the disease's progression.
- Mental health refers to the ability to cope with the demands and stresses of life, appropriately express emotions and meaningfully engage with other people.
- Social health refers to the quality of relationships in one's life, including those with family, friends, work colleagues, community members and others; level of available social supports; connectedness with others; and involvement in your community.
- It is important to recognise that all aspects of health (physical, mental and social) are deeply connected.
- As well as being biological, health is a social issue – where and how we live, what we do, whom we interact with, and the nature of these interactions and relationships – all of this affects our health. Therefore health is a product of the interaction between our biology and the physical, social and political environment in which we live and act. This approach is called the social determinants of health.
- Maintaining health is important for everybody. Being healthy will help newly-arrived immigrants and refugees adjust to a new life in Australia. For all immigrants and refugees, maintaining health makes it easier to work, study and take care of the family.
- It is important to stay healthy by taking measures to prevent certain conditions and diseases. These include: visiting the doctor for regular check-ups, staying up to date with immunisations and boosters and regular screening for diseases. It also means undertaking activities that might be good for your physical and mental health e.g. exercise, social events.

Module 2

Where do I go?

Aim

The aim of this module is to provide an overview of the Australian health system and explain health access entitlements for different groups of immigrant and refugee women.

Learning objectives

At the end of this module, participants should be able to:

- Recognise the importance of accessing health practitioners, programs and services to maintaining overall health
- List the different kinds of health practitioners, programs and services within the Australian health system
- Recognise and relate their health access entitlements within the Australian health system, or demonstrate how they can determine their entitlements

Discussion points

The discussion should address the following points:

- How might accessing health practitioners, programs and services help you maintain your health?
- What health practitioners, programs and services are available to access within the Australian health system?
- What health practitioners, programs and services within the Australian health system can you access?

Module 2

Discussion notes – setting the scene

- Health services, practitioners and programs within the Australian health system play an important role in maintaining overall health.
- The Australian health system:
 - consists of a range of health practitioners, programs and services that address a range of health issues, not just physical complaints;
 - can be accessed for preventive, diagnostic, curative, management, rehabilitative and palliative purposes;
 - can be accessed when healthy, asymptomatic, or unwell;
 - is a mix of public and private health service providers;
 - involves all levels of government – federal, state/territory, local – as well as private health service providers and non-profit organisations.
- Handout 1 provides a basic overview of the Australian health system, including health practitioners, programs and services and the responsibilities of key players within the system.

Discussion notes – primary care

- Primary care:
 - is the foundation of the Australian health system;
 - is the first point of entry into the Australian health system
 - is the first level of medical care concerned with the treatment, management and cure of people with illness;
 - can treat health problems at an early stage of development before they worsen;
 - focuses on disease prevention and health promotion; and
 - is accessible and more affordable than specialised care.

Module 2

Discussion notes – general practitioners & medical specialists

- General practitioners (GPs) are the main and most-accessed primary care practitioners in Australia. They are highly trained doctors who are able to diagnose, manage, treat or prevent various health conditions.
- GPs:
 - Diagnose, manage, or treat physical (acute and chronic conditions), mental or emotional health issues (such as depression or anxiety);
 - Play an important role in disease prevention through screening for diabetes, providing immunisations for children and adults, and offering healthy lifestyle advice;
 - Can arrange diagnostic tests (pathology and radiology);
 - Offer continuity of care when patients stay with one GP;
 - Require appointments to access, with appointments lasting 10-15 minutes, but longer appointments can be made for complex health issues. Some GP clinics will offer walk-in (no appointments) but there is generally a longer waiting period (it is best to ring in advance to check waiting times);
 - Refer to specialised medical care if presenting health issues are beyond the scope of general practice;
 - Refer to and/or collaborate with other health practitioners and services in the provision of care (where several different health practitioners are involved in care for one patient, this is referred to as multidisciplinary care).
- A GP referral is always required for access to medical specialists (public and private) and specific Medicare-funded programs (such as access to allied health practitioners for complex health issues).
- Medical specialists are highly-trained doctors, employed in public hospitals, private practice, or other clinical settings, who practise a specific branch of medicine or surgery. There are many kinds of medical specialists such as cardiologists, dermatologists and oncologists.

Module 2

Discussion notes – different health settings

- Public hospitals offer a range of services: inpatient and outpatient care, allied health, and support services. An inpatient is a person who has been admitted to hospital (via an emergency department or an outpatient clinic). An outpatient is a person who receives specialist care in a hospital clinic, but is not an admitted patient in the hospital.
- Hospital emergency departments deal with serious emergencies (such as car accidents) or life-threatening conditions (such as heart attack, chest pain, breathing difficulties, and seizures). Access to emergency departments is by self-referral and only for urgent medical conditions. For non-urgent health problems, it is best to access GPs, but GPs may refer patients to emergency departments if presenting health issues are serious and require hospital care.
- For non-urgent health problems that occur out of business hours, you can call the National Home Doctor Service which is a bulk billing service (a Medicare card is required). Overseas students with health cover from Allianz, Medibank or Bupa are eligible to access this service for free.
- Nurse-on-call is a Victorian phone service that offers immediate, expert advice from a registered nurse, 24 hours a day, 7 days a week.
- In the event of a medical emergency, call 000 for an ambulance (112 is a secondary number that can be dialled from mobile phones). Ambulance officers are highly trained health professionals who carry medical equipment to assist in medical emergencies at the scene or during transport to hospital. The cost of calling out an ambulance can be hefty so for protection against ambulance fees it is important to consider securing ambulance cover.

Module 2

different health settings continued...

- Other health and community services are:
 - Community health centres (CHCs), which include GPs and/or dentists (only in some CHCs), allied health practitioners (such as nurses and midwives, audiologists, dieticians, diabetes nurse educators, podiatrists, physiotherapists, speech pathologists, social workers, and occupational therapists), health promotion activities (such as exercise programs), and support groups. GP referral is not essential as self-referral is allowed;
 - Specialised health services that focus on specific health issues (mental health, drug and alcohol, sexual health, dental health), or deliver services to certain groups (mothers and children, adolescents, refugees). GP referral is not essential as self-referral is allowed;
- Health promotion organisations that provide health education to community, or specific groups within the community. GP referral is not essential as self-referral is allowed.

Module 2

Discussion notes – health access entitlements

- Health access entitlements are variable across the different groups of immigrant and refugee women in Australia.
- Visa status determines the level of access to health practitioners, programs and services within the Australian health system.
- Each visa category has different conditions which govern health access, and this is always subject to change. Women should contact relevant Australian government agencies (such as Medicare, Centrelink, Department of Immigration and Border Protection (DIBP)) or health insurance providers to confirm their entitlements. Supporting documentation, such as passport and evidence of immigration status (visa and/or application for permanent residency) is required so government agencies can assess eligibility for Medicare and Centrelink programs and services.
- Individual health practitioners and services can determine their own access rules and sometimes allow access by anybody, irrespective of visa status.
- It is difficult to conclusively state which health practitioners and services each group of immigrant and refugee women can access, although health access rules are clearer for some groups of women (Australian citizens or permanent residents) than for others (women on temporary visas, international students).
- Handout 2 provides an overview of health access entitlements for different groups of immigrant and refugee women.

An overview of the Australian health system

KEY PLAYER	HEALTH SYSTEM RESPONSIBILITIES
Federal government	<ul style="list-style-type: none"> ▪ The Australian Department of Human Services is responsible for Australia's universal healthcare program called Medicare. ▪ Under Medicare, eligible people can access free treatment in public hospitals, as well as free or subsidised treatment by medical practitioners (GPs and medical specialists), practice nurses, and optometrists. Allied health services, such as dentistry and psychology, are also provided free or subsidised under Medicare, for people with complex health issues and who have been referred by their GP. ▪ Medicare provides benefits for in-hospital and out-of-hospital services. ▪ In-hospital: All care provided in a public hospital is fully covered under Medicare, but care for private patients in public and private hospitals is only partially covered by Medicare. Private patients will incur out-of-pocket expenses, but private health insurance will cover some or all of these costs, depending on the health insurance policy. ▪ Out-of-hospital: Medicare covers consultations with GPs and medical specialists; pathology (blood tests) and radiology (x-rays, ultrasound) services; eye tests performed by optometrists; most surgical procedures performed by doctors in consultation rooms; and some dentistry services. Most of these services are only partially covered under Medicare, so out-of-pocket expenses will be incurred. Concession card holders may be bulk-billed, so may not incur these extra costs. ▪ Medicare also manages the Pharmaceutical Benefits Scheme (PBS) which subsidises the cost of a range of prescribed medicines, with medicines cheaper for people on valid concession cards.

	<ul style="list-style-type: none"> ▪ Medicare also manages the Australian Childhood Immunisation register, a national database that records all vaccinations given to children under 7 years of age who live in Australia. Parents can access their children’s immunisation history through any Medicare office. The immunisation history statement is often necessary when enrolling children into school. ▪ Other Medicare programs include the Child Dental Benefits Scheme, which provides financial support for basic dental services for children aged 2-17 and the Better Access to Mental Health initiative, which improves access to mental health professionals such as psychologists, psychiatrists and social workers for people with mental illness. The Better Access to Mental Health initiative allows an individual to access 10 individual services per calendar year. This service requires a GP referral. ▪ The Federal Government also funds the Immunise Australia Program, which provides free or subsidised vaccinations to children, adolescents and adults. ▪ Screening for bowel, breast and cervical cancers is also a federal responsibility.
State/territory governments	<ul style="list-style-type: none"> ▪ The funding of public hospitals is the responsibility of federal and state/territory governments, but state/territory governments are responsible for managing public hospitals. ▪ State/territory governments also fund other health and community services, such as community health centres, specialised health services, and health promotion organisations.
Local government	<ul style="list-style-type: none"> ▪ Local governments provide maternal and child health services to mothers and children under school age, including immunisation sessions. ▪ Local governments also deliver a range of health and community programs.

Health access entitlements for immigrant and refugee women

GROUP OF WOMEN	HEALTH ACCESS ENTITLEMENTS
Newly-arrived women: Refugee and humanitarian (permanent visa)	<ul style="list-style-type: none"> ▪ Women on refugee and humanitarian visas are eligible for Medicare and Centrelink from arrival in Australia. Newly-arrived women should wait one week after arrival before registering with Medicare and Centrelink to allow these agencies to receive visa details from the Department of Immigration and Border Protection (DIBP). ▪ Women can also access state/territory and local government-funded health and community services. There are various refugee health programs available in Victoria, including the Refugee Health Nurse Program in various community health centres. ▪ Eligible women asylum seekers can access health care through the Asylum Seeker Assistance Scheme of the Red Cross and AMES (in Victoria). ▪ Medicare-ineligible women asylum seekers in Victoria can access the health centre at the Asylum Seeker Resource Centre in Melbourne, but some may be eligible for some state government-funded health and community services. Women should check with individual services.
Newly-arrived women: Skilled migration (permanent visa)	<ul style="list-style-type: none"> ▪ Women on skilled migration visas are eligible for Medicare on arrival in Australia. Newly-arrived women should wait one week after arrival before registering with Medicare to allow this agency to receive visa details from the DIBP.

	<ul style="list-style-type: none"> ▪ Newly-arrived women must wait 104 weeks (2 years) after arriving in Australia before accessing most Centrelink benefits and payments, but some payments may be available after arrival or during the waiting period. ▪ Women can also access state/territory and local government-funded health and community services.
Newly-arrived women: Family migration (spouse, parent) (permanent visa)	<ul style="list-style-type: none"> ▪ Women on family migration visas are eligible for Medicare from arrival in Australia. Newly-arrived women should wait one week after arrival before registering with Medicare to allow this agency to receive visa details from the DIBP. ▪ Most newly-arrived women must wait 104 weeks (2 years) after arriving in Australia before accessing most Centrelink benefits and payments, but some payments may be available after arrival or during the waiting period. For some women on parent visas, a 10-year waiting period for Centrelink payments applies. ▪ Women can also access state/territory and local government-funded health and community services.
Newly-arrived women: Subclass 457 (temporary work visa)	<ul style="list-style-type: none"> ▪ Women on Subclass 457 visa are Medicare-ineligible, so must purchase adequate health insurance for the duration of their stay in Australia, to cover medical costs for themselves and their dependents. ▪ Health insurance must cover access to basic medical treatment similar to that which Australian citizens and permanent residents are covered for under Medicare, including in-hospital and out-of-hospital medical services, surgically-implanted prostheses, and some prescription medicines, and emergency ambulance transportation. Waiting periods for certain conditions (such as pre-existing, pregnancy-related, and psychiatric) apply. ▪ If women come from countries with Reciprocal Health Agreements with Australia, they may be able to access Medicare. Women must check with Medicare to ascertain their eligibility. ▪ Access to state/territory-funded health and community services is variable, so women should check with individual services. ▪ Women on the Subclass 457 visa who have a baby whilst in Victoria are eligible for local government maternal and child health services, but cannot have their children vaccinated at council immunisation sessions. Women must arrange child vaccinations through their GP. Health insurance may cover the cost of vaccinations.

<p>Newly-arrived women: Student (temporary visa)</p>	<ul style="list-style-type: none"> ▪ Women on student visas are Medicare-ineligible, so must purchase Overseas Student Health Cover (OSHC), or student health insurance, for the duration of their stay in Australia, to cover medical costs for themselves and their dependants. ▪ OSHC covers access to basic medical costs treatment similar to that which Australian citizens and permanent residents are covered for under Medicare, including in-hospital and out-of-hospital medical services, surgically-implanted prostheses, some prescription medicines, and emergency ambulance transportation. ▪ Under OSHC, waiting periods apply for certain conditions (such as pre-existing, pregnancy-related, psychiatric). OSHC does not pay benefits for the treatment of pregnancy-related conditions to international students and their dependents in the first 12 months after arrival in Australia. ▪ Educational institutions provide health and welfare services for students, but availability is variable across educational institutions. ▪ Access to state/territory funded health and community services is also variable, so students should check with individual services. ▪ Women on student visas who have a baby whilst in Victoria are eligible for local government maternal and child health services, but cannot have their children vaccinated at council immunisation sessions. Women must arrange child vaccinations through their GP and incur the cost. Health insurance may cover vaccination costs.
<p>Newly-arrived women: Bridging visa (temporary visa)</p>	<ul style="list-style-type: none"> ▪ Women on bridging visas who have applied for permanent residency (parent visas excluded, some asylum seekers included) in Australia and who have work rights may be eligible for Medicare, so should check with Medicare. ▪ Access to state/territory-funded health and community services is variable, so women should check with individual services. ▪ Women on bridging visas who have a baby whilst in Victoria are eligible for local government maternal and child health services. If women are Medicare-ineligible, they cannot have their children vaccinated at council immunisation sessions. Women must arrange child vaccinations through their GP and incur the cost. Health insurance may cover vaccination costs.

Overseas born women who are Australian citizens or permanent residents	<ul style="list-style-type: none"> ▪ Overseas-born women who are permanently settled in Australia, either as Australian citizens or permanent residents, are eligible for all federal, state/territory and local government-funded health and community services.
Women from countries with Reciprocal Health Agreements with Australia	<ul style="list-style-type: none"> ▪ The Australian Government has a Reciprocal Health Care Agreement (RHCA) with governments of eleven countries (New Zealand, United Kingdom, Republic of Ireland, Sweden, the Netherlands, Belgium, Finland, Norway, Slovenia, Malta and Italy). This RHCA allows citizens and residents of these countries who are visiting Australia, and who experience ill-health or injury during their stay, to receive medically-necessary treatment before returning home. ▪ Women on student visas are not covered by the RHCA. Different eligibility rules apply for citizens and residents of the various countries, so women should check with Medicare to ascertain eligibility.

Please be advised that information in this table was correct at the time of preparation (July 2015). However eligibility for certain services is liable to change. Furthermore, women may also move from group to group and their entitlements can also change during this process.

Consultation with relevant government agencies, such as the Department of Immigration and Border Protection, Centrelink and Medicare (Department of Human Services) as well as health insurance providers, is essential to confirming eligibility and entitlements.

Module 3

What do I say?

Aim

The aim of this module is to explain what is involved in consultations with health practitioners.

Learning objectives

At the end of this module, participants should be able to:

- Describe the elements of health consultations
- Explain the engagement process with health practitioners, including the information to be provided in consultations
- Explain how to use the Victorian Interpreter Card
- Self-advocate for the use of an accredited interpreter, where required

Discussion points

This discussion should address the following points:

- What happens during consultations with health practitioners?
- What information should you provide to health practitioners during consultations?
- How can you communicate with health practitioners if you are not confident to communicate in English?

Discussion notes – elements of health consultations

- Appointments should be made for consultations with health practitioners. Cancel appointments if you cannot attend.
- There are five key elements of consultations with health practitioners: *care, confidentiality, consent, collaboration* and *communication*.
- Care involves managing, treating or preventing health conditions, and may involve examinations, prescribing medication, and medical or surgical procedures.
- Confidentiality is an essential element of consultations with health practitioners. Confidentiality, which means that all information provided to health practitioners during consultations is kept private, is protected under the law. However, breach of confidentiality is legally allowed when child abuse is indicated or suspected. Laws vary across states and territories regarding this.
- Confidentiality may also be breached when a patient indicates they wish to harm themselves (such as suicide) or another person. This breach is not legally required, but relates more to health practitioners exercising their duty of care to patients. For example, a GP may call in mental health professionals for a suicidal patient.
- Consent is another element of health consultations. Informed consent is when the patient agrees to treatment after diagnosis has been given and an explanation provided about each treatment option, including benefits and risks. Health practitioners can only examine a patient and perform medical and surgical procedures with a patient's consent, except in the case of an emergency. In some cases, usually surgical procedures performed in hospital, signed consent is required. Consent should only be given after communicating with health practitioners.
- Collaboration is another element of consultations, which may also be referred to as shared decision making. Collaboration is a patient-centred process that allows greater patient participation, based on available clinical evidence and available treatment options. Through this process, patients should become more empowered to make decisions about their health care. Ultimately, the level of patient involvement in health care is an individual choice that should be respected.
- Communication is essential to healthcare consultations. Providing comprehensive information during consultations improves the ability of health practitioners to assist patients with their health needs.
- Communication between patients and health practitioners needs to be open and honest. Patients should provide details of their medical history, diet, physical activity, sexual history, living arrangements, work, and medications (including alternative medicines).

Discussion notes – accessing interpreters

- In Australia, accredited interpreters are available to facilitate communication between non-English speaking patients and health practitioners. Using accredited interpreters in consultations allows patients to fully discuss health issues, especially those that may be sensitive, without family interference. Health practitioners can also clearly communicate with non-English speaking patients and be assured that all information is being provided to patients in a culturally-appropriate manner. It is the patient's choice if they wish to access an interpreter during consultations. It is recommended that family members are not made to interpret, particularly when discussing sensitive topics (and especially if the family member is a minor) however, this is also the patient's choice.
- Translating and Interpreting Service National (TIS National) is a free interpreting service only for Australian citizens and permanent residents accessing government/publicly funded health services and pharmacists (only when people are purchasing prescription medicines on the PBS).
- The Doctors Priority Line is a free telephone interpreting service for medical practitioners in private practice. Utilisation of this free service is low, so non-English speaking people should strongly encourage doctors to register with the service and use it.
- Non-English speaking people can present their Victorian Interpreter Card (see resource box) when accessing any publically-funded service (including GPs) to access an interpreter through TIS National or the Doctors Priority Line. The service will arrange the interpreter at no cost. Patients can request a male or female interpreter, but the request may not be able to be met. Similarly, services may find it difficult to meet requests for new and emerging languages.
- Hospitals usually have onsite interpreters.

Resources

The Victorian Interpreter card (below) is a worthwhile resource to be distributed in education sessions to immigrant and refugee women who are Australian citizens or permanent residents. The Victorian Interpreter Card can be downloaded in 32 languages from the Victorian Multicultural Commission website here:

<http://www.multicultural.vic.gov.au/projects-and-initiatives/improving-language-services/victorian-interpreter-card>



The image shows a Victorian Interpreter Card. At the top left is a blue square icon with three white stylized human figures. To the right of the icon, the text reads "Please arrange an interpreter". Below this is a horizontal bar with a row of small, colorful flags representing various languages. Underneath the flags is a blue box with the text "My preferred language is:" followed by a white input field containing the word "English". Below that is another blue box with the text "I also speak:" followed by an empty white input field. In the center of the card, there is a white box with the text: "The Victorian Government funds agencies to provide language assistance free of charge to Victorians with limited English to help them access government information and services." Below this is a light blue box with the text: "Please arrange an interpreter in a language shown on the front of this card." At the bottom of the card, there is a blue footer area. On the left, it says "For more information go to www.multicultural.vic.gov.au". In the center, it says "VICTORIAN multicultural commission". On the right, it features the "Victoria The Place To Be" logo.

Module 4

How do I pay?

Aim

The aim of this module is to explain payment processes for access to health practitioners, programs and services within the Australian health system.

Learning objectives

At the end of this module, participants should be able to:

- Describe payment processes for access to the various health practitioners, programs and services within the Australian health system.

Discussion points

This discussion should address the following points:

- Which health practitioners, programs and services within the Australian health system are available free or low-cost?
- Which health practitioners, programs and services within the Australian health system charge for access? (public and private health)
- What health concessions are available?

Discussion notes – public health and private health

- Australia's public health system is funded by the Australian government through the Medicare Benefits Scheme (MBS), a universal public health insurance scheme. This program was introduced in 1984 by the Department of Human Services, on behalf of the Department of Health and Ageing to allow eligible people to have access to free or low-cost medical and hospital care. Medicare works to cover most of the costs under three main sections: hospital, medical, and pharmaceutical (see handout 1 for more information).
 - Hospital: if you have access to Medicare you are entitled to free treatment as a patient in a public hospital (bulk-billed). There are some conditions however, including not being able to choose your doctor or hospital in which you are admitted, and having to wait a certain amount of time before being treated if your situation isn't considered urgent or life-threatening.
 - Medical: Under the MBS, private health practitioners (GPs, medical specialists, allied health professionals), clinics and surgeries can set their own fees, and these generally are over the Medicare scheduled fees. This means that patients will have to pay the gap. Under the system, consultations with medical practitioners may be bulk-billed or require upfront payment for fees and patients then need to claim benefits from Medicare (which will go into the patient's nominated bank account).
 - Pharmaceutical: as with medical services, Medicare covers part of the costs for a range of medicines under the Pharmaceutical Benefits Scheme. The amount that is covered depends on the medicine. If you have an Australian Government concession card, you will pay even less for your PBS medicines when you present your card.
- Private insurance is available for those who wish to cover the costs (fully or partly) of being admitted to hospital as a private patient. This means that you can choose the doctor, hospital and a time that suits you. Private health may also reduce waiting times for non-urgent surgeries and procedures. Private health also allows you to access other health services that Medicare doesn't cover such as ambulance, general dental, physiotherapy, etc. Private health insurance is not compulsory, and people who opt to buy private health can tailor it to suit their circumstances. Some women choose to take maternity cover in addition to private health and a 12 month waiting period generally applies. For pre-existing conditions, there is also generally a waiting period and this will vary from cover to cover.

Discussion notes – concessions and payments

- Cancer-screening and immunisation programs are free for people who meet eligibility criteria (such as age group, risk category), but they must be Australian citizens or permanent residents.
- State/territory and local government-funded services may be free or low-cost. Where there are fees, a sliding scale may apply, meaning that pensioners and low-income earners pay lower fees, while high-income earners pay higher fees.
- Maternal and child health services are free.
- Ambulance is not free. Membership is required to be eligible for free ambulance transportation.
- Centrelink has concession cards which may allow people to access free or low-cost health care (such as bulk-billing by health practitioners) and cheaper prescribed medicines on the PBS. One concession card is the Health Care Card, which is issued to most people receiving Centrelink benefits, as well as low-income earners (only for 6 month periods). Other concession cards include the Pensioners Concession Card (issued to pensioners) and the Commonwealth Seniors Health Card (for people of Age Pension age, but who are not eligible for the pension).
- Most newly-arrived immigrants on permanent visas must wait 104 weeks (2 years) after arriving in Australia before accessing most Centrelink benefits and payments, including the Health Care Card.
- People on parent visas that must wait 10 years before accessing Centrelink benefits and payments are able to receive another concession card, which may allow access to free or low-cost health care and subsidised prescription medicines. This should be discussed with the Department of Immigration and Border Protection or Centrelink.
- International Students and Subclass 457 visa holders must have adequate health insurance for the duration of their stay in Australia. Where health insurance funds have direct-billing arrangements with health practitioners and services, international students and Subclass 457 visa holders can show their insurance membership card when accessing these health practitioners and service and the health insurance fund will be sent the invoice for the consultation. A gap payment may be required at the time of access. Details of direct billing health practitioners and services are available from health insurance funds, including their websites. Where there are no direct-billing arrangements, upfront payment is required and costs can be claimed on health insurance policies.
- In most cases, people on temporary visas, such as student or Subclass 457, are ineligible for free interpreting services when accessing health practitioners or services, so must pay for interpreting services if required. However, free access to interpreters by temporary visa holders is variable across health services, with some services allowing free access and others not.

Important cards to know about

Medicare Card



Pensioners Concession Card



Health Care Card



Commonwealth Seniors Health Card



**Please note that these cards may vary from state-to-state.*

Module 5

What do I do if I am not happy?

Aim

The aim of this module is provide an overview about the available mechanisms for people who are not happy with quality of care delivered or the professional conduct of health practitioners.

Learning objectives

At the end of this module, participants should be able to:

- List the agencies and professionals established to investigate complaints about health practitioners and services.

Discussion points

This discussion should address the following points:

- Are patients and families allowed to complain about their health care experiences?
- When might a complaint against a health practitioner or service be justified?
- Which agencies and professionals are available to investigate complaints about health practitioners, programs or services?

Discussion notes

- Patients and their families have the right to complain if they are not satisfied with the quality of care delivered or the professional conduct of health practitioners.
- Complaints should be about legitimate concerns, such as:
 - Failure to provide quality healthcare
 - Disrespectful conduct
 - Unnecessary breach of confidentiality
 - Failure to provide sufficient information about care and treatment options
 - Failure to provide the opportunity to make an informed choice about care and treatment
 - Refused access to personal health information
- In the first instance, complaints should be addressed directly with the health practitioner or health service.
- Hospitals have Patient Liaison Officers that act to resolve complaints, as well as to protect patient rights and hospital interests.
- In Victoria, the Office of the Health Services Commissioner is an independent, impartial agency that investigates complaints against health practitioners and services if patients are not satisfied after complaining to the health practitioner or service. The Office provides a free and confidential service. However, the complaints investigation process does take time.

Module 6

What are my rights and responsibilities?

Aim

The aim of this module is to highlight rights and responsibilities of people accessing health practitioners, programs and services within the Australian Health System.

Learning objectives

At the end of this module, participants should be able to:

- List their rights and responsibilities when accessing health practitioners, programs and services within the Australian health system.

Discussion points

This discussion should address the following points:

- What are your rights when accessing the Australian health system?
- What are your responsibilities when accessing the Australian health system?

Discussion notes – The Australian Charter of Healthcare Rights

- The Australian Charter of Healthcare Rights outlines the rights of people using the Australian health system. The three guiding principles of the Charter are:
 - Everyone has the right to access health care
 - The Australian Government is committed to the right of everyone to experience the highest level of health
 - The Charter acknowledges the diversity that exists in Australian society
- The Australian Charter of Health Rights lists the following:
 - I have the right to health care
 - I have the right to safe and high quality care
 - I have the right to be shown respect, dignity and consideration
 - I have the right to be informed about services, options and costs in a clear and open way
 - I have the right to be included in decisions and choices about my care
 - I have the right to privacy and confidentiality of my personal information
 - I have the right to comment on my care and to have my concerns addressed

Discussion notes – health responsibilities

- People have health rights, but with these rights come responsibilities, including:
 - Participate as best as you can in your health care
 - Cooperate with health practitioners and health services (keep appointments or cancel or change appointments where necessary, and understand the consequences of refusing care or treatment)
 - Provide as much information as possible to assist with your treatment (medical history, medications including alternative medicines, diet, physical activity, living arrangements, work)
 - Ask questions about your health care experience if you don't understand or you require more information
 - Advise health practitioners when you cannot assist them in your health care
 - Demonstrate respect for all people involved in your health care and for other health service users
 - Bring necessary documentation, such as your Medicare card, concession card, or health insurance card, when accessing health practitioners or services

Resources

The Australian Charter of Healthcare rights (see handout number 3) is a worthwhile resource to be distributed to participants. The Charter is available in 17 languages and can be downloaded from this website:

<http://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/australian-charter-of-healthcare-rights-alternate-versions/>

Another valuable resource that could be distributed to participants is the Australian Charter of Healthcare Rights in Victoria. This resource is available in 25 languages and can be downloaded from this website:

<http://health.vic.gov.au/patientcharter/in-your-language.htm>

AUSTRALIAN CHARTER OF HEALTHCARE RIGHTS

The Australian Charter of Healthcare Rights describes the rights of patients and other people using the Australian health system. These rights are essential to make sure that, wherever and whenever care is provided, it is of high quality and is safe.

The Charter recognises that people receiving care and people providing care all have important parts to play in achieving healthcare rights. The Charter allows patients, consumers, families, carers and services providing health care to share an understanding of the rights of people receiving health care. This helps everyone to work together towards a safe and high quality health system. A genuine partnership between patients, consumers and providers is important so that everyone achieves the best possible outcomes.

Guiding Principles

These three principles describe how this Charter applies in the Australian health system.

1 Everyone has the right to be able to access health care and this right is essential for the Charter to be meaningful.

2 The Australian Government commits to international agreements about human rights which recognise everyone's right to have the highest possible standard of physical and mental health.

3 Australia is a society made up of people with different cultures and ways of life, and the Charter acknowledges and respects these differences.



For further information please visit www.safetyandquality.gov.au

AUSTRALIANCOMMISSIONON
SAFETYANDQUALITYINHEALTHCARE

What can I expect from the Australian health system?

MY RIGHTS	WHAT THIS MEANS
Access I have a right to health care.	I can access services to address my healthcare needs.
Safety I have a right to receive safe and high quality care.	I receive safe and high quality health services, provided with professional care, skill and competence.
Respect I have a right to be shown respect, dignity and consideration.	The care provided shows respect to me and my culture, beliefs, values and personal characteristics.
Communication I have a right to be informed about services, treatment, options and costs in a clear and open way.	I receive open, timely and appropriate communication about my health care in a way I can understand.
Participation I have a right to be included in decisions and choices about my care.	I may join in making decisions and choices about my care and about health service planning.
Privacy I have a right to privacy and confidentiality of my personal information.	My personal privacy is maintained and proper handling of my personal health and other information is assured.
Comment I have a right to comment on my care and to have my concerns addressed.	I can comment on or complain about my care and have my concerns dealt with properly and promptly.

Handout number 3

References

Please note that while various government departments have changed names or taken over specific services, the information contained in this Resource (which may have been accessed in 2011) remains accurate.

Asylum Seeker Resource Centre website: www.asrc.org.au. Accessed in June 2011.

Australian Commission on Safety and Quality in Health Care website: www.safetyandquality.gov.au. Accessed in October 2011.

Australian Institute of Health and Welfare. 2010. *Australia's Health 2010*. AIHW: Canberra. Accessed in October 2011 from www.aihw.gov.au/publicationdetail/?id=6442468376&tab=2

Australian Institute of Health and Welfare. 2014. *Australia's Health 2014*. Australia's Health Series. No. 14 Cat. No. AUS 178. AIHW: Canberra.

BetterHealth Channel website: www.betterhealth.vic.gov.au. Accessed in June 2011.

Centrelink website: www.centrelink.gov.au. Accessed in October 2011.

City of Whitehorse. 2011. Individual consultation about maternal and child health services. October 2011.

Department of Health website: www.health.vic.gov.au. Accessed in August 2011.

Department of Health and Ageing website: www.health.gov.au. Accessed in August 2011.

Department of Health and Human Services website: <http://www.humanservices.gov.au>. Accessed in July 2015.

Department of Immigration and Citizenship website: www.immi.gov.au. Accessed in October 2011.

Higgins D, Bromfield L, Richardson N, Holzer P and Berlyn C. 2010. Mandatory reporting of child abuse and neglect. *National Child Protection Clearinghouse Resource Sheet*. Australian Institute of Family Studies: Melbourne. Accessed in June 2011 from www.aifs.gov.au/nch/pubs/sheets/rs3/rs3.pdf

Huang Y-T and Phillips C. 2009. Telephone interpreters in general practice: Bridging the barriers to their use. [Electronic version]. *Australian Family Physician*. 38(6): 443-446.

Medicare Australia website: www.medicareaustralia.gov.au. Accessed in October 2011.

Melbourne East GP Network website: www.megpn.com.au. Accessed in June 2011.

Multicultural Centre for Women's Health. 2010. *Sexual and reproductive health data report*. MCWH: Melbourne. Available at http://www.mcwh.com.au/downloads/2010/Dec10/SRH_Data_Report_FINAL_161210.pdf

NSW Multicultural Health Communication Service website: www.mhcs.health.nsw.gov.au. Accessed in June 2011.

Phillips C. 2010. Using interpreters: A guide for GPs. [Electronic version]. *Australian Family Physician*. 39(4): 188-195.

Spike EA, Smith MM and Harris MF. 2011. Access to primary health care services by community-based asylum seekers. [Electronic version]. *Medical Journal of Australia*. 195(4): 188-191.

Thistlewaite J, Evans R, Nan Tie R and Heal C. 2006. Shared decision making and decision aids. [Electronic version]. *Australian Family Physician*. 35(7): 537-540.

Victorian Department of Health website: www.health.vic.gov.au/nurseoncall/about. Accessed in July 2015.

Victorian Multicultural Commission website: www.multicultural.vic.gov.au. Accessed in October 2011.

Victorian Refugee Health Network. 2015. Asylum Seeker Health, Information Sheet 1. [Electronic Version]. <http://refugeehealthnetwork.org.au/wp-content/uploads/Asylum-seeker-health-April-2015.pdf>. Accessed in July 2015.

Weber MF, Banks E, Smith DP, O'Connell D and Sitas F. 2009. Cancer screening amongst migrants in an Australian cohort: Cross-sectional analyses from the 45 and Up Study. [Electronic version]. *BMC Public Health*. 9: 144. doi:10.1186/1471-2458-9-144






Evaluation template

The following is a template that can be used for evaluating your education sessions on navigating the Australian health system. Depending on the time allocated for evaluation, you may like to use only bits of the template or elaborate on questions that are most meaningful for you.

Before you attended the health education session/sessions had you ever received information about this topic in your own language?

	Yes – already had a lot of information in my own language	Yes – had a little information in my own language	No- had never received information in my own language
In Australia			

How would you rate the following?

	Excellent 	Good 	Fair/OK 	Poor 	Very poor 
About the information presented by the facilitator					
Clarity/clearness of the information					
Relevance of the information					
Usefulness of the information					
About the written information given to you to take away					
Clarity/clearness of the information					
Relevance of the information					
Usefulness of the information					

If you were not happy with any of the information provided why was this? (Answering this question will help us improve our sessions).

How much new information did you learn about the following topics in the session or sessions?

	A lot	A little	Not much	Nothing new	Not applicable/ this was not covered
What is health?					
Where do I go?					
What do I say?					
How do I pay?					
What do I do if I am not happy?					
What are my rights and responsibilities?					

Are there topics you would like more information about?

Yes

No

If yes, what topics would you like to learn more about?

How important are each of the following to you:

	Very important	Quite important	Not important
To be able to talk about health issues in my own language			
To have information about health issues provided to me by women			
To be able to discuss health issues with other women			
To be to find out information about topics I don't often discuss with others			

Are you more likely to do any of the following differently now that you have attended this health education session?

	Yes	Maybe	No	I already did this before the session/s	Don't know	Not applicable
Find a regular GP if I don't already have one						
Visit my GP or other health practitioner to talk about health issues or concerns						
Encourage my GP to use qualified interpreters in their practice						
Use my Victorian Interpreter Card to request an interpreter when accessing government-funded health and community services (if I am eligible for free interpreting services)						
Be more involved in making decisions about my health care						
Take health concerns more seriously						
Share the knowledge I have gained with friends and community members						

Is there anything you might do now that you have attended this health education session?
