Increasing access through innovation

https://www.ruralhealth.org.au/partyline/article/increasing-access-through-innovation



Examples of the 11 Ezidi refugee videos available.

By Hunter New England and Central Coast Primary Health Network 13 Dec 2021 Issue 77

Armidale is a rural township in the New England Tablelands of New South Wales (NSW) with a population of around 28,000 people. In 2017, Armidale was chosen as a regional humanitarian resettlement location. Resettlement commenced in 2018, and currently there are more than 650 Ezidi humanitarian arrivals settled in Armidale, with an estimated 300 more expected to arrive. Among the Ezidi community, there is high need for access to mental health and other healthcare services due to many years of suffering conflict and persecution.

Recent humanitarian arrivals in Armidale had little knowledge of our health system and how to access health care. These communication barriers were compounded by the lack of access to interpreting services and low levels of literary in their native language. This resulted in haphazard access to care.

In 2020, Hunter New England and Central Coast Primary Health Network (HNECC PHN) sought to build on innovation and increase the use of digital sources of health information delivery, by offering innovation grants specifically for culturally and linguistically diverse (CALD) communities' health needs.

One grant recipient was HealthWISE, a local community provider that currently delivers a care navigation program in Armidale (funded by the HNECC PHN). Based on the empowerment approach, rather than establishing specific services for this population, people are linked with existing primary care services, including mental health and wellbeing services.

Expanding on this approach, as a locally designed solution 11 short videos were created covering a range of topics about the Australian healthcare system in appropriate Ezidi language.

Business cards with a QR code linked to the video playlist have been printed and are available at key locations such as general practices, Settlement Services International and hospital social worker units.

Input regarding the best use of the grant funding was sought from people currently working within these CALD communities. HeathWISE then worked collaboratively with members from the Ezidi community to design, feature in and edit the videos to ensure cultural appropriateness and relevance to community needs.

These videos provide a resource that can be accessed by the whole community, but also in a supported way when in consultation with general practitioners, other health clinicians, and service providers such as Medicare and care navigators.

The business cards with QR codes and use of animated pictures and subtitles help to maximise the reach of the videos to other communities with low literacy levels or low understanding of the health system.

Online access means there is potential for those seeking resettlement to view videos before arriving in Australia. The videos have been shared with refugee agencies throughout the state, as well as Multicultural NSW and NSW Local Health Districts. They have also been made available on Facebook, the HealthWISE website and YouTube. Currently the videos have had over 850 views.

A client of the care navigation program found the videos to be very useful, stating, 'They are amazing – and it's really good because we can watch them again as many times as we like.'

The videos are helping the Ezidi community to access and navigate health services within the region. HealthWISE and the HNECC PHN are considering replicating this success in other areas, such as how to access domestic violence support.

As a health literacy project, the video resources have the potential to reduce health inequalities within the many rural resettlement locations for Ezidi communities.

The video resources are available at <u>healthwisenenw.com.au/services/ezidi-refugee-video-resources</u>

HNECC PHN would like to acknowledge the Ezidi community for their input to developing the videos and thank HealthWISE for their contribution in developing this article.