

Beyond the cascade: Migrant health practices and the limits of public health metrics

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Background: The public health management of chronic hepatitis B (CHB) is measured through the 'cascade of care', a metric to track the proportion of people diagnosed, engaged and retained in care, and on treatment. Therefore, it also renders visible people outside of these parameters. The cascade influences policies and approaches in public health, but also in criminal and migration law, and how health practices are configured as (non-)compliant with the cascade.

Methods: We interviewed 51 people with experience of Australia's migration system in the first national study of the legal experiences of people living with CHB. Recruitment was supported by peer workers in community organisations. This paper closely analyses four case studies to understand how participants engaged in CHB care while dealing with migration processes.

Results: Among these case studies, migration and health obstacles required participants to assemble information and resources to manage these competing demands which renders them 'non-compliant' within the organising norms of the cascade. Among these obstacles were the perceived implications of CHB treatment and care on visa application success; disclosure of CHB status without consent across settings; movement across visa classes; conflicting advice about migration and health; navigating Australia's healthcare system; and more. Mental health concerns were attributed to migration processes and participants noted the detrimental effects to their health. Participants assembled support from a combination of online forums, seeking care overseas, a support worker going beyond their professional remit, more selective disclosure of their status, family, as well as building personal reliance and resilience.

Conclusion: Participants' accounts reveal complex arrangements of health outside of the models offered by the cascade of care by responding to the needs of health, migration and livelihoods. We suggest recognising these health practices as legitimate responses to seemingly incommensurable exigencies that could help to expand care infrastructures that more closely align with lived practices.

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