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| **Title of Research Presentation** (Sentence case) Delivering primary health care to former refugees in the Southern Health District of New Zealand: a qualitative study |
| **Maximum 2500 characters (including spaces but excluding title)**  **Background/Objectives** Refugee health is an issue of global importance, with significant implications for health systems, policy and practice. Providing responsive primary health care (PHC) to former refugees is critical to reduce disparities in health and access. There is still little research examining the health care refugees receive from the viewpoint of service providers. This research aimed to explore PHC professionals’ accounts of providing care to former refugees in the Southern Health District of New Zealand (NZ).  **Methods** A qualitative exploratory design was used. Data collection and analysis occurred concurrently. Semi-structured interviews were conducted with 15 PHC providers (9 general practitioners, 6 nurses). All interviews were audio recorded, transcribed verbatim and validated by participants. A thematic analysis was conducted and all data were double coded.  **Results** Main thematic findings relate to relational engagement with former refugees and refugee health care delivery. Complex social health needs led providers to connect with a range of services from various sectors to promote refugees’ health and facilitate service navigation. Relational engagement was facilitated by the use of interpreter services. Acknowledging people’s journeys and developing cultural sensitivity were reported as the foundation to building a relational connection respectful of people’s differences. However, the uptake of cultural competence training was variable amongst participants, with one third of them not having received any training around refugee care. Despite providers’ will to leave prejudices aside, cultural differences were sometimes perceived as a burden, shedding light on conflicting expectations and tensions around refugees’ integration to NZ systems and values. Service-level challenges pertained to the time-limited consultation setting, resource-demand disbalance (e.g. lack of gender appropriate providers), interface with other services (e.g. fragmentation of care from lack of shared information systems), and the restricted funding scheme of refugee care within the business model of NZ general practices.  **Discussion** PHC providers play a pivotal role in assessing priority needs, managing care and facilitating referrals to appropriate services across sectors to promote refugees’ health. The PHC funding scheme in NZ has implications for providers’ ability to promote culturally responsive care, inclusiveness and equity.  **Keywords** Refugee health, primary health care, access, equity. |