What the GP doesn’t know might hurt the patient: Health promotion and primary health screening for newly arrived refugees at the GPs office

Introduction: Municipalities in Norway are tasked with front-line facilitation of primary healthcare needs for their local population via a patient-list system. Increasing numbers of newly arrived refugees in Oslo present a challenge to this system. A key difficulty is getting refugees established in a stable relationship with a GP as soon as possible.

Purpose: This study evaluates a pilot project in Oslo examining a sample of refugees’ initial contact with the health care system and its health promoting impact.

Method: Six months after the trial was initiated we conducted 16 semi-structured interviews with key informants.

Results: Our preliminary results show that having decentralized privately employed GPs conduct the initial medical examination only led in isolated cases to a permanent relationship with the patient. We registered further that this approach had only a marginal health promotion impact. Here a key difficulty was refugees’ lack of knowledge of the Norwegian healthcare system and role expectations. We identified external governmental partners particular responsible for conveying information to refugees.

Conclusion: To decentralize the first contact with the primary health care system to the family doctor will not enhance health promotion or safeguard newly arrived refugees and their health needs.

Biography

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