

CONFERENCE ABSTRACT

A model connecting practice, research and policy to improve refugee health outcomes

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Introduction: Refugee Health-Access Better Care (RH-ABC) is an innovative model of care developed to enhance the delivery of primary health care to people of refugee background. With a robust foundation informed by research, strong engagement with local refugee communities and partnerships across health and social care organisations providing services to people from a refugee background, it has enabled the model to grow in a responsive manner to improve the health outcomes for this population.

Methods: A 'co-creation' approach has emphasised an ongoing, collaborative value creation process between multiple stakeholders bringing together researchers and end users - academics, clinicians, consumers, policy makers, service organisations (across public, private and third sectors).

Clinical data and qualitative research (health provider focus groups and peer led refugee community research) informed the development of RH-ABC. Evaluation of RH-ABC used mixed methodology and focuses on access, quality of care and care coordination. Data collected (from stakeholders, health providers, and refugees) feeds directly into this dynamic model, led by the multiple stakeholder groups, to strengthen care delivery

Results: RH-ABC is an example of translational health service research in action where research and practice intersect and there has been: improved care outcomes, capacity building in primary care, opportunity for policy innovation, and development of a sustainable model based on multiple stakeholder needs.

Discussion: Strong inclusive partnerships, at executive, policy, clinical and stakeholder levels, are critical to the success of this model and require an agreed common vision and commitment. Incorporating feedback is essential for the model to be responsive to the dynamics of refugee health and strong communication pathways are essential. Flexibility is a strength of primary health care that affords resilience to this model.

Conclusion: Further evaluation of RH-ABC will identify gaps enabling the extension of this model. The understandings from the experience with RH-ABC will help inform the development of refugee health and well-being policy within Queensland giving hope for

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broader opportunities for health promotion and health service development. This model is
supporting translational research capacity building in primary care.

Keywords: refugee; primary care; capacity building
