

## CONFERENCE ABSTRACT

### **Access to comprehensive primary care: A case study of Rohingya refugees and asylum seekers in Sydney, Australia**

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Can Get Health in Canterbury (CGHiC) is a locality-based project that aims to improve health and reduce inequities for marginalised culturally and linguistically diverse groups by increasing access to comprehensive primary health care services and addressing the underlying social determinants of health in a socio-economically disadvantaged Local Government Area in Sydney, Australia. CGHiC project has undertaken to increase the power of marginalised population groups to participate in and influence decisions affecting their health. There is evidence that marginalised communities require space in which to develop and agree on items that they wish to place on the public agenda of the health sector; representation (by right, rather than by invitation) in decision-making spaces; and capacity to influence policy decisions. CGHiC is working with Rohingya refugees and asylum seekers to evaluate a collective control initiative modelled on the Big Local in the United Kingdom. An initiative that aims to support communities to have more collective control over which defining issues to address and how to address them. Community engagement underpinned the preparatory work and included a Zoo trip to build trust and develop relationships and a community consultation that used story boards to understand the communities' health priorities. To offer a longitudinal perspective semi-structured interviews will be conducted with a purposeful sample of stakeholders to evaluate the impact on social relationship and cohesion, skill development and improvements in community assets. Interviews will be conducted in two time points (Month 6 and Month 12). This paper will describe the work currently being done by CGHiC with the Rohingya's and early evaluation findings.

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**Keywords:** refugees; asylum seekers; collective control

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