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Immigrants' self-reported affiliation with the regular general practitioner scheme: Survey of an emergency outpatient clinic population in Oslo, Norway

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Background & Aim: Continuity of health care provided by a regular general practitioner (RGP) is associated with prevention of illness and death, and reduced emergency department attendances and emergency hospital admissions. Undocumented immigrants, rejected asylum seekers, and short-term labour immigrants fall outside the RGP system, but they have the right to receive emergency health care. The objective of this study was to explore the self-reported affiliation with the RGP scheme in a diverse population of immigrants attending an accident and emergency outpatient clinic.

Methods: A multilingual anonymous survey was administered to all walk-in patients at Oslo Accident and Emergency Outpatient Clinic (OAEOC) during two weeks in September 2009. We analysed demographic data, the patients' country of origin and self-reported affiliation with the RGP scheme. We used descriptive statistics to obtain frequencies and Pearson's chi-square to test categorical variables.

Results: The analysis included 3,864 walk-in patients of which first- and second-generation immigrants comprised 1,364 (35%). Among first-generation immigrants only 689 (71%) reported an affiliation with the RGP system in contrast to 2,326 (96%) of Norwegians ($p < 0.001$), and second-generation immigrant registrations, 336 (96%). The least frequent RGP affiliation was among immigrants, including both first- and second generation, from Sweden (32%, $p < 0.001$), Poland (65%, $p < 0.001$), Irak (84%, $p < 0.001$) and Somalia (91%, $p < 0.001$).

Conclusion: Subgroups of immigrants attending an accident and emergency outpatient clinic report lower affiliation with the RGP scheme than Norwegians. Disparity in access to a RGP involves inequity in continuity of primary health care.